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CRIMINAL INSANE. INSANE TRANSGRESSORS AND INSANE CONVICTS.

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ANY perversion of the moral or the mental machine of humanity renders it unavailable and useless, oftentimes troublesome, and even dangerous. A criminal is at least unsafe, and needs to be confined to secure the public from danger. An insane man is at least useless, generally burdensome, and sometimes destructive, and must be under guardianship if not in custody, for his own good if not for that of the community. But the combinations of both of these derangements, the moral and the mental, in one and the same person, creates the worst of human beings, the most objectionable, and the most friendless, and no adequate and satisfactory provision has as yet been made for him in any state or country.

The world, in all stages of its civilization, has made provision for the residence and custody of the criminal; and however great his injuries to his fellow-men, the prison is open to him: there he finds his home, and there the officers and watchmen are prepared to receive and care for him. The insane man, however violent his mania, or low his dementia, finds a suitable home in the hospital: there the officers are ready and willing to receive, watch over, and protect him, and make him as comfortable as the nature of his malady will permit. These homes of the criminal and the lunatic respectively have been changed and im-

proved from age to age; but each generation has come up to its own ideal in this respect, and done the best for them that the intelligence and means of the time and place allowed.

But the insane criminal has nowhere any home: no age or nation has provided a place for him. He is everywhere unwelcome and objectionable. The prisons thrust him out; the hospitals are unwilling to receive him; the law will not let him stay at his house, and the public will not permit him to go abroad. And yet humanity and justice, the sense of common danger, and a tender regard for a deeply degraded brother-man, all agree that something should be done for him—that some plan must be devised different from, and better than any that has yet been tried, by which he may be properly cared for, by which his malady may be healed, and his criminal propensity overcome. This dissatisfaction with what has been hitherto done for this class of insane law-breakers seems to be universal, and a desire, amounting in many to an earnest longing for something better, seems almost as extensive and increasing, and yet nothing has any where been done.

In this state of ungratified hope, while every thing is wanted and nothing is gained, it may be well to take a survey of the whole matter, examine the present condition of this class in all their relations, see what has been done for them, and consider the plans that have been proposed for their improvement.

DEFINITION OF TERMS.

It may be well, before proceeding farther, to determine who are included in the class now under consideration, and what is meant by the term "*Criminal Insane*," which is commonly used to describe them. This term is indiscriminately applied to two classes of persons, who, although they may have committed the same acts prohibited by the law, yet differ very materially in their moral condition and their responsibility. One class includes those who committed crimes when they were sound in mind and in full possession of their reason, who were tried, convicted, and imprisoned, and endured a part, at least, of their punishment, when they were in the same mental condition. But while they were undergoing their sentence, and paying the penalties of the law in the prison, they became insane. Their mental disorder had nothing to do with their criminal acts. It was not put into the

plea, either as an excuse for the offense or in mitigation of punishment, that they were unsound in mind, and therefore morally and legally irresponsible. But their malady was a subsequent event, and its influence could not be traced backward to instigate the crime, for that was an act of free agency, and of an untrammeled mind. As these were convicted of crime before they were deranged, they belong to the class of criminals, and to a special or subordinate division of the insane. We will therefore designate them by the term, "*Insane Convicts*." The other class may have committed the same illegal acts as the insane convicts. They are generally homicides or incendiaries, or they have assaulted and injured their fellow-men, or otherwise have been dangerous to the public safety. But their insanity preceded their illegal and injurious acts, and is presumed, by the mercy of the law, to have been its cause. They are therefore held to be irresponsible for their acts; they are not to be convicted of them nor punished for them as crimes.

In some nations the law is very explicit and exculpatory, and directs the courts and juries to discharge those who may be accused before them, if they shall be proved to have been insane when the act in question was committed.

Inasmuch as a man bereft of his reason is incapable of judging between right and wrong, in respect to the act for which he may be arraigned, or inasmuch as he may be driven to it by some irresistible impulse, he could not have committed it with a preconceived malice, and, therefore, he should not be convicted of criminal intent, which is the essence of guilt. For the want of a better term we shall designate this class as the "*Insane Transgressors*."

In the eyes of humanity, of morality, and of the law, here are two widely different classes, although they may have committed the same acts when they were abroad, and may now be in the same mental condition, for both are transgressors of the law and both are insane. One class committed crimes when their minds were clear, and they knew what they were doing, when they were free to choose and act, and they could understand, and should have been influenced by, the ordinary motives of right. Their subsequent insanity had no more connection with their crimes than any other disease, as dysentery or fever, which may have come upon them afterwards in prison.

In the other class the mental disorder preceded the illegal acts, and

is supposed to have been their cause. It deprived the transgressors of the power of discriminating between right and wrong, or impelled them to the dangerous or destructive deeds; they were, therefore, not free agents. The former is guilty, though now insane. The latter is guiltless, although a transgressor of the law. Both of these classes are usually included in the single term of "Criminal Insane;" yet the English writers seem to include the latter mostly, and the Americans the former in their descriptions.

The British Commissioners in Lunacy, in their eighth report, for 1854, page 46, say:

"Criminal lunatics, according to the existing law, may be divided generally into the following three classes:

"I. Persons indicted, tried, and acquitted on the ground of insanity; in other words, as having committed the act charged while insane, and legally irresponsible for the same.

"II. Persons indicted, and found, on arraignment (by a jury specially impaneled), to be insane, and mentally incapable of pleading, and who, consequently, are not tried, but remitted to custody for future trial, when recovered from their mental malady.

"III. Persons who, while in prison, under sentence of a criminal court, or upon summary conviction before justices, or committed as vagrants, or for want of sureties, are found to be, or have become insane."

We would include the second and third of these divisions in one, for they were both sane when they committed their illegal acts. The first class will be the same as ours of "Insane Transgressors." Both of these classes are arrested and in the custody of the public authorities. Both are deemed to be dangerous to the peace and safety of the community. The insane convicts are dangerous on account of their criminal propensity, which has led them to commit crime, and may lead them to the same again. The insane transgressors are dangerous on account of their insanity, which has impelled them to injurious acts, and may impel them to do so again. The danger of the former is in his soundness of mind; the danger of the latter is in his mental derangement. If the former is restored to health, he is all the more unsafe, and must be remanded to prison, if in a hospital; if the latter is restored, he is safe, and may return to his friends and enjoy his liberty in the bosom of society.

These classes of the insane have, for a long time, been a stumbling-block to those who have had the charge of them; and with the in-

creasing intelligence and philanthropy they do not become any less so. But whatever difficulties may surround this subject, it cannot be overlooked; and however objectionable these patients may be to every sort of officer or guardian, medical or legal, they cannot be neglected; society must, in some way or other, watch over and provide for them. They cannot take care of themselves; they must not be cast out and thrown upon the charities of the world; they should not be permitted to go freely abroad. Yet, what shall be done for or with them, is at least a doubtful question in the minds of those who are responsible for them, and this question many are painfully anxious to settle.

DISPOSITION OF INSANE TRANSGRESSORS.

The violent and destructive insane, having already committed some act injurious to persons or property, are dangerous men, and must be restrained, at least for the good of the public, if not for their own. The peace and safety of the community demand that they be confined, and prevented from doing any further harm.

SOME INSANE TRANSGRESSORS PUNISHED MORE THAN SANE CONVICTS.

In most civilized countries, perhaps in all, such dangerous men as are here described are committed to prison at first; and these abodes of the willfully wicked are thus frequently made the temporary residence—sometimes the protracted, or even the permanent residence—of those whom the law expressly declares to be, “not guilty of crime by reason of their insanity.” More than this, it is a singular result of the inequality or imperfection of judicial administration that the insane man, who has committed acts of violence against persons or property, homicide, or other infraction of the law, without malice or evil intent, is punished more than the maliciously willful perpetrator of the same unlawful acts. The latter, the real criminal, is sentenced to prison for a definite period, proportioned to the nature and heinousness of his crime. At the end of this period he is set at liberty and allowed to go where he may please. But the insane man, without conviction of crime, or even form of sentence, is sent to the same prison and there confined indefinitely, or so long as his mental disorder may remain upon him and make it apparently unsafe for the public to allow him to go at large.

Thus, some of these violent patients have been imprisoned for ten, twenty, or even thirty years, and perhaps longer, not unfrequently for

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Thus, some of these violent patients have been imprisoned for ten, twenty, or even thirty years, and perhaps longer, not unfrequently for

life; and, in all this time, subjected to the same restrictions and privations that are intended for the punishment of the guilty.

If the patient is lucky enough to get well in his prison-house, then the law lets go its hold on him, and he is set free as other men. This is better than they do in some other countries. A writer in the *Psychological Journal*, of London, for October, 1855, says, on pages 464, 465, and 467:

"In England, in criminal cases, an acquittal on the ground of insanity is tantamount to perpetual imprisonment—and imprisonment, too, under the most degrading, humiliating, and painful circumstances. Whilst under the affliction of dire disease, destroying all power of rational thought and self-control, and that, too, when the mind is often tortured by wild and terrible phantasies, an overt act of crime is committed." "The jury, fully recognizing the irresponsibility of the prisoner, acquit him of the charge." "His attack of insanity, provocative of the offense for which he was tried, may have been temporary and transient in its character—similar, for illustration, to that of puerperal mental derangement. The law, however, in its profound wisdom, recognizes amongst criminal lunatics no distinction of classes. A man once criminally insane, continues so for the term of his natural life. A recovery is viewed as an impossibility, and liberation from restraint highly dangerous to the safety and welfare of society."

"The law pretends to acquit on the ground of irresponsibility, induced by diseased brain and disordered mind, and yet punishes those so acquitted with the severest penalty short of actual death on the scaffold."

SENT TO HOSPITALS.

Whenever States have opened hospitals for their insane, they have usually transferred a part or the whole of this class of patients from their prison-houses to the new and appropriate institutions, and there offered them the means of restoration, or of better protection in common with other patients. But, in the progress of the world, the attention to the wants of the insane, and the demand for hospital accommodations have generally increased faster than the governments or people have supplied them. These institutions are filled with patients, and still pressed with applications for the admission of others, who need, but cannot be admitted, to enjoy these privileges, for want of room. It is common thus to send away some of the old and incurable cases to

make room for the recent and curable patients, who can profit more from these opportunities of healing. As these insane law-breakers, if unrestored, are still supposed to be dangerous to the public safety and peace, they are again remanded to the jails, and there remain until, perhaps, some lucky change in their malady may render them manifestly harmless, or until death shall end their disease with their life. The law usually extends the same tender mercy to the new cases of this class; and whenever any insane homicide, incendiary, or other dangerous transgressor, who may have committed, or attempted to commit, any overt illegal act, is brought before the courts for trial, these administrators of the law are required to send him to the public hospital, if there be one, to be there treated like the other patients. If he recover, he is again set at liberty, and allowed to enjoy his former accustomed privileges, at home and in society. But if his disease defies the power and the art of the hospital to remove it, he, too, is frequently sent to the prison, there to take his smaller chance of restoration to health and freedom, and his greater chance of permanent confinement.

INSANE CONVICTS HAVE A CLAIM FOR THE MEANS OF CURE.

The insane convicts are originally in the hands of the officers of the law. They are in prisons when they become deranged. But although criminal, their insanity is a disease that needs to be, and probably may be, cured; and they have an undoubted claim upon the government for the suitable means of restoration. The law describes the punishment that shall be imposed for each kind of offense, and the courts measure this out in proportion to the aggravation of the crime. They intend to inflict just so much, and no more. These punishments are usually privation of liberty and of privileges, confinement and hard labor; and in some countries stripes and blows have been, and perhaps are now, included. The law proposes to deprive the prisoner of the present use of some of his powers; but it does not intend to destroy them. Maiming, if practiced any where, is left to barbarous tribes. Civilized nations have long since forborne to mutilate the body or limbs, or annihilate any of the powers that the benevolent Creator has granted to man.

Although justice claims a right to control and even appropriate some of the faculties of the convict, during the period of sentence, yet she promises to restore them all to him, in good condition, when he shall have finished the term assigned for his punishment. Moreover, she not

only disclaims all right to destroy any of the culprit's powers by any direct or voluntary act on her part, but acknowledges the obligation to prevent this happening from any accident or neglect, and to watch with almost a maternal care over convicted offenders, and protect them from every circumstance and evil influence that would impair their powers or their health. Therefore the prisons, and all connected with them,—yards, air, temperature, diet, employments, discipline, &c.,—are intended to be as favorable to health as other abodes and conditions of life. And when diseases happen, or accidents occur to their inmates, as they may to others at their homes, the law provides the usual means of relief—rest, physicians, surgeons, nurses, medicines, appropriate food, every thing that is required for similar cases abroad. If, from willfulness or negligence on the part of the government, or its officers or servants, any diseased or injured convict should be deprived of these means of healing, and should consequently lose the use of his eyes, or feet, or hands, or other bodily power, or have his energies impaired, or should die, it would be condemned as gross injustice; for permanent blindness or lameness, or diminished vital force or death, was no part of the punishment intended by the law, or assigned by the courts to those who are compelled to suffer in the manner, and to the extent described in the judgment.

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Diseases of the brain come under the same category as those of the body. They are usually temporary if they are properly attended to—they are permanent if they are neglected. If, then, a convict be attacked with insanity, justice cannot allow the conditions which she establishes for his discipline, to prevent him from enjoying the means of restoration that he would have obtained if he had been at liberty abroad; for although confinement and labor were very properly and justly ordered as a punishment for his crime, yet it was not the intention of the law or of the courts to add to these a permanent loss of reason. As the government engages to provide for the sick convicts the usual means of relief suited to each one's peculiar malady, whether it be fever, dysentery, rheumatism, or other ailment, in order to render the disease as short and as light as possible, so it should provide the usual and suitable means of treating those who are insane. Among these, separation from familiar scenes and associates, and the peculiar facilities of occupying the disordered mind and of controlling the wayward thoughts and emotions, ordinarily stand most prominent, and are

generally deemed indispensable. But these cannot be obtained for him within the walls and amidst the circumstances and associations of the prison. He needs to be separated from these familiar scenes and people, as much as other deranged patients do from their families and more favored and desirable homes.

In 1844, the Legislature of Massachusetts passed a law, requiring the insane convicts in the State prison to be sent to the State Lunatic Hospital. It created a commission, consisting of the prison physician, and the medical superintendents of the Worcester Hospital and the McLean Asylum, to investigate the cases of suspected insanity, and remove these patients to the place of healing. In 1856, the law was amended, so that this commission now consists of the prison physician and the superintendents of the state hospitals, including those of Worcester and Taunton, and will include the superintendent of the hospital at Northampton, when that institution shall go into operation. We believe a similar privilege is allowed to the insane convicts in most of the other states which have a hospital. Thus both of these classes of the criminal insane are found in most of our public hospitals. This is one step in the progress of humanity: certainly it is a step for these patients; for as the choice for them was between the prison which is unfit, and the hospital which is appropriate to their condition, there can be no question as to the worth of this privilege granted to them by the increasing mercy of the law.

A MAN CANNOT PROPERLY BE PUNISHED WHILE INSANE.

There is another element in this improved policy in the treatment of the insane convicts, which has an important bearing upon the punishment of crime, as a matter of retributive justice, or as a punitive or reformatory measure, and therefore should command the serious consideration of the humane administrators of the law and of the criminal philosopher. Insanity is presumed to take from the sufferer the power of discriminating between right and wrong: it makes him legally and morally irresponsible for his acts, although they may be infractions of the law, and exonerates him from guilt and punishment, even though he may have committed homicide or arson. This disease must produce the same effect on the mind, the reason, and the sensibility, after any act of violence as it does before it. It must have the same effect of destroying, lessening, or perverting the judgment and the conscience, the right perception of the nature and the relations of things, in the

imprisoned convict as it does in the free man abroad. If the honest citizen, when he becomes a maniac at home, cannot appreciate the true motives of action and the obligations of duty, nor be governed and restrained by them from killing his fellow-man, or perpetrating any other unlawful act, the convicted homicide, or other law-breaker, when he becomes a maniac in prison, is equally unable to appreciate the consequences of his misdeeds, or understand the nature and objects of his incarceration, or be influenced by it to establish better principles, to reform his life, or abstain from the repetition of his crimes. It is, then, manifestly unphilosophical, as well as inhuman, to inflict upon the convict any part of the just punishment for his crimes, while he is laboring under insanity. It cannot, then, effect any of the purposes for which it was appointed, nor answer the ends of justice. It will create or give force to no better motives of action; but, on the other hand, it may increase the energy of the disease, or diminish the recuperative power, and lessen, if not destroy, the hope of restoration.

It would seem, then, that when insanity seizes upon a convict, the law should let go its hold upon him as a criminal, and look upon him only as a patient whose mind is unsound, and treat him as such. The execution of judgment for crime should be suspended so long as reason may be dethroned; and when this shall be re-established and healthy consciousness again enlivened, the restored patient should again be deemed a criminal, and finish the measure of his sentence, as originally prescribed for him.

This suspension of punishment, as such, during the period of lunacy, and its completion after recovery, is a mere matter of justice to the convict, who ought not to be required to suffer needlessly. It is due to society, for that has a claim, that all the retributive dealings with the criminal should make him less its enemy and a more trustworthy and acceptable citizen. This is but the application of a principle of common prudence, practised in every-day life, not only to select the best means to effect our purposes, but to use them only under the conditions and circumstances that will give them the greatest efficiency.

THE INSANE CONVICT SHOULD NOT BE RETAINED IN PRISON AS A PATIENT.

If the insane convict should not be kept in prison as a criminal and for punishment, still less should he be confined there as a patient for cure or for custody. The prison is fitted for its purpose—the punish-

ment and reform of offenders. But, in as far as it is suitable for them, it is unsuitable for the diseased in mind. The form and arrangements of the buildings, the grounds, the officers, keepers, and guard, the regulations and discipline of the establishment are all selected in reference to a class of men whose mental health and liability are widely different from those of the insane. These are well adapted to the criminal's condition and wants. He can understand and be influenced by them. They supply him with motives of action, and keep him in a state of obedience for the time being, at least. But the prison and its circumstances, its men and laws, have no such controlling power over its insane inmates. They rather excite than subdue their already disturbed feelings, and their perverted understanding. They irritate more than they overcome. They strengthen rather than remove delusions.

Moreover, the prison and its authorities are not only unable to govern the insane prisoners as they should be, but the presence of even a few of these operates as a disturbing cause, and renders the whole administration more difficult and burdensome to those who have the general superintendence, and the immediate management of its people and affairs. The prison and the insane are mutually unadapted and unacceptable to each other, and both parties claim a separation. This seems now to be admitted. Few object to the claim, and deny that the patient should be removed from the jail. But whither shall he be carried? Where shall he find a suitable and a willing home during his derangement? This is a question more difficult to be solved even than the others; for the unfitness of the prison is manifest, but the fitness of any other place or establishment now in existence for the insane convict is yet to be shown.

INSANE CONVICTS IN HOSPITALS INJURIOUS TO HONEST PATIENTS.

It has been already stated that these patients are now generally removed to the hospitals. That at present seems to be necessary. There are only two kinds of establishments prepared with sufficient strength to retain uncertain and untrustworthy men. If, therefore, they are removed from the jail, they must go to the other. In so doing, the insane convict gains every advantage that humanity and science can offer; he obtains all the means of restoration that are granted to the honest and untainted patient. Looking at his interest alone, this measure must be considered a good one. But, looking at the interests of the other and innocent patients, who constitute the very great majority of

the inmates of these institutions, the mingling of these two classes together is at least a matter of questionable propriety, if not of certain wrong.

It is an established principle, in the management of the insane, that their natural and healthy sensibilities are not to be wounded, their reasonable opinions are not to be contradicted, and even their harmless notions and prejudices, their likes and dislikes, are not to be disturbed, except so far as may be necessary for the healing of their malady. So far as is consistent with the great object of their treatment, their usual tastes are to be indulged, their habits allowed, and their feelings gratified; and they should be called upon to undergo as few privations and to meet with as little denial of their proper wants as possible.

Moreover, the natural sensibilities are often exalted and the irritability increased in insanity. Some patients bear contradiction and mortification with less composure than they did in health; these are, therefore, to be treated with more tenderness and respect than others.

From the earliest childhood, nothing is more deeply impressed upon the mind than a reverence for the law of God and for the law of man, and also an abhorrence of those who willfully violate them. This feeling grows with our growth and strengthens through life. We loathe crime, we detest criminals; and we shrink from the very thought of the one and the contact with the other. Akin to this feeling is the anxiety which men manifest in the selection of their companions. In the associations of the world, men arrange themselves according to their character and their tastes, and seek and enjoy those who have feelings, opinions, or habits in common with themselves. The lines of distinction are everywhere drawn between those of one class and those of other classes. And though some are on the doubtful borders of honesty and crime, and some do not perceive, or are willing to overlook the difference, and others, from charitable or other motives, do not regard them, yet the separation between the honest and acknowledged criminal is broad and distinct, and is impassable in social life. All of these are natural and healthy feelings and sensibilities. They are or they should be at all times and everywhere cultivated. Society encourages and even demands this, and individuals cherish it as a part of the foundation on which their personal dignity and self-respect shall rest. These feelings are not lost in insanity; or, if they appear to be, they are only impaired or overborne by the malady, and are again to be restored. They are to be watched and sustained in their full energy if

they exist; they are to be nurtured and strengthened if they are disordered or weakened; but never, in any case, are they to be assailed, offended, or treated with disrespect.

The mingling of the honest and respectable patients, from the homes of cultivation, purity, and innocence, with the convicts from the prisons;—compelling the high-minded and self-respecting to associate with the guilty and the corrupt day by day, and month after month, to live together in the same house, the same halls and parlors, and eat at the same table with the acknowledged felon,—to be his companion and hear his vulgar and obscene language,—to listen to his low sentiments, attend to his jeers, his corrupting falsehood and tales of crime,—these must surely be, not merely offensive to the sensibilities of the purer class of patients, but must shock their feelings, and do violence to their natural and healthy sentiments. It is mortifying to their pride, and must be a great obstacle to their recovery. There is neither honesty nor propriety in requiring the insane man, who cannot govern himself or select his associates, to submit, in his weakness, to any indignity or mortification not necessary for his cure. But in all the stages of his malady he should be treated, as far as possible, with all the respect and deference that, in his health, is due to his character and station. And as he would not voluntarily associate with criminals, nor select his companions from the jails, when he could make his own selection, so he should not be required to live with them when he is mentally diseased.

INSANE CONVICTS DISTURB THE ADMINISTRATION OF HOSPITALS.

Beside the injury which is done to the innocent insane by compelling him to associate with the convicts, there is in the hospital and its whole administration an inherent objection to this mixture of these classes. The establishment is unavoidably a place of restraint; yet this must be as light as the several cases committed to it may require. The house is necessarily stronger than a common dwelling, yet it is important that it have as little of the air and appearance of a prison as possible. It is well to dispense with all means and show of coercion, thick walls, heavily-barred windows, iron doors, &c., that are not needed, and thus to make the whole appear to the inmates as cheerful, free and inviting as is consistent with its purposes.

The management of the hospital is subject to the same law. It should have none of the appearance of imprisonment, nor of suspi-

ciousness, but it should manifest as much confiding trust, and give the patients as much liberty as their disorders allow. In all ways they should be treated as weaker and suffering brethren requiring aid and sympathy and protection, rather than as prisoners that need to be watched and guarded lest they run away. It is not easy, perhaps not possible, to have a divided administration in the same hospital, nor to have any difference of treatment, or any separation or classification, except such as arise out of different manifestations of disease. Those of the same form of disorder, whatever may have been their previous history, must be arranged in the same halls together.

The criminal patients are frequently cunning and untrustworthy. Having been previously in prison, they are more accustomed to attempting escapes; and being doomed to return to their prison when their mental disorder shall be removed, they have a stronger and more urgent motive to use their present opportunities to get away. They are therefore uneasy and restless under the restraints of the hospital confinement. Wherever they are confined it is necessary that all the material arrangements of buildings, &c., should be stronger, and the discipline more severe and unrelaxing, the government more rigid, and fewer privileges and indulgences allowed, than would be requisite and proper in an establishment devoted exclusively to the honest class of patients. The presence of the convicts in the common hospitals renders the whole administration not only less comfortable to the others, who constitute the great majority of the inmates, but also less favorable to their recovery. The officers and attendants are troubled with doubts and disappointments. They cannot do that which they desire to do, and would do with advantage for the more trustworthy insane, because that would peril the safe custody and the control of the others. And while they are compelled to shape their plans to the liabilities or proclivities of the few, they feel that they are depriving the great body of those under their care of some of the means of recovery that they have a right to enjoy.

Even though the structure and discipline might be one and the same for all, yet these two classes do not harmonize well together, and both are made to suffer. The honest lunatic is disgusted and offended at the very sight of the other. He is often irritable, unbalanced, and indiscreet. He will taunt the convict with his crimes, and abuse and coarse ribaldry will be returned. Hence quarrels and criminations and recriminations are apt to arise and disturb the wards, where peace

alone should reign. Injury is then done to both parties: the convict is not improved, and the honest patient is made worse by this undesirable connection.

CHARACTER AND MANAGEMENT OF INSANE TRANSGRESSORS.

The other class of the criminal insane, whose misdeeds are due solely to their disordered mind, who have neither been tried for, nor convicted of crime, seems, in England, to be included in the same category with the felon, when any general complaints are made of the difficulty and trouble of managing them, and when any plans are proposed for their relief, and it is sometimes the same in this country. In America this class are generally supposed to have borne a good character, and to have been peaceable and acceptable citizens until their minds were deranged, when they were disposed to be violent or otherwise unsafe members of society. But in England they are supposed by some to be loose in their principles, irregular in their habits, and troublesome, and almost criminal, before they committed the overt acts for which they were arrested and confined.

Mr. Ley, the Superintendent of the Oxford and Berks Asylum, in his pamphlet, addressed to the secretary of the superintendents of insane asylums, says: "These patients are not criminal, neither are they pauper. This class of prisoners are commonly more vagrant and unsettled in their previous habits. They are of less honest or moral conduct previously to their insanity. They are more accustomed to a life of petty theft, or mischief; to resort to the lowest lodgings, or to be at night in the open air; they are publicly known, not as quiet, orderly persons, under misfortune, but persons of bad habit, example, company, and resort. The feeling of degradation in the association with them is not in the lunacy; it is in the known previous character, which is never expected to be converted, by madness, from worse to better. The addition of insanity to previous bad character creates instinctive revolt.

"The legally insane are not necessarily or generally brought to the legal question by the loss of mind, so much as by its perversion. They are of such conduct, that having escaped that amount of insanity which would have insured them the early protection of the county asylum, they are free to mischief by the doubt; they resist control; deny insanity or the justice of their detention; they have haunts ready to

receive them; they can still get a living by the vice they practiced before they were insane; they yearn for licentious liberty."

In America, however good their character may have been, however peaceable and acceptable citizens they were before they became insane, yet, on account of their present destructive or injurious propensity, they must be restrained in their liberty for the public security. They are therefore sent at once to a prison and kept there until the courts determine what shall be done with them. This preliminary imprisonment is usually only temporary, yet, even if it be permanent, it has the advantage of separating the patient from his accustomed scenes and associates, and gives him this chance of recovery; but it affords none of the comforts and other alleviating influences that are needed for restoration to health. The prison is even more unfit for this guiltless transgressor of the law than it is for the convict, when deprived of reason. The guilty maniac is at least used to the place, and the discipline that governs it, and to the men that occupy it; but the honest maniac is shocked and excited by the new and offensive scenes and associates that he meets there; he is mortified by his position; he is disturbed by the idle and frivolous visitors, who love to see how the crazy man looks, and hear what strange things he may say—these aggravate his disorder and lessen his hope of recovery.

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BOTH INSANE CONVICTS AND TRANSGRESSORS NEED TO BE HEALED, NOT IMPRISONED.

It appears then, that the dangerous, but honest insane, should not be sent to the prisons, nor should the convicted insane be retained there during the period of their disease. Among the people generally, and among men of science universally, it is admitted, that the violence and destructive propensity of the former, and the melancholy, dementia, or perversity of whatever sort, in the latter are disease and not crime, and can be healed in these patients as well as similar disorders in other and unsuspected and honest patients, provided they could enjoy the same appropriate means and influences. But as these means and influences have not been found and cannot be created in a jail, humanity, resolutely determined that this class of patients should suffer needlessly no longer, and the law, as if willing to compensate for past neglect, at whatever cost to others, have combined together and sent them to the hospitals.

THIS EXPERIMENT UNSATISFACTORY.

This experiment was satisfactory to the prison-keepers, for the relief to them was great and entire. It was satisfactory to the convict patients also, for they gained every thing and lost nothing. But it was very unsatisfactory to the hospital officers, for it increased their cares and disturbed their administration. It was peculiarly painful to the honest patients, for it compelled them to live with persons who were very offensive to them.

This experiment has now been tried for several years, both in Great Britain and in the United States, yet it has gained no new friends: on the contrary, it has lost many who favored it at first. The prison officers still rejoice in this relief from a disturbing element in their establishments, and the hospital managers find it none the less objectionable. But the friends of humanity and the people, who think of this matter at all, looking at the interests of the great majority of the inmates in the hospitals,—the respectable and untainted patients, are now convinced that although they did a good thing when they persuaded the law to take these patients out of the jails, they did a bad thing when they advised that they be sent to the other institutions.

OPINIONS IN GREAT BRITAIN.

The *Association of Superintendents of British Institutions for the Insane*, have unanimously petitioned Parliament to relieve them of this burden, and to establish a central criminal lunatic asylum for all this class of patients.

These Superintendents, individually, have endeavored, and are endeavoring, to create an influence that will bring about the same end. The British Commissioners in Lunacy, in eight of their ten reports to the Government, have urged this measure. They carefully investigated this matter; they cautiously formed their opinion, and they have perseveringly declared that these patients ought not to be put into the hospitals with others, but that some separate and appropriate establishment should be provided for them.

In their first report, that for 1844, they say:

"We entertain a strong opinion, that it is highly desirable that arrangements should be made for the separate care and custody of criminal lunatics.

"It is desirable that arrangements should be made with one or more public institutions, as Bethlehem Hospital, or that a separate class should be formed

in some convenient prison, so as to prevent their association, either with other prisoners or the inmates generally of lunatic asylums."—P. 199.

In their fourth report, for 1849, they say:

"The confinement of criminal patients in lunatic asylums of the ordinary description, as well with reference to their safe custody and the due protection of the public as with reference to the feelings of the general body of inmates, with whom, when under treatment, they must be associated there, is open to grave objections."—P. 12.

In that year the Secretary of State contracted with the proprietor of the Fisherton House to receive, in a separate ward, fitted for the purpose, twenty-four male patients, whose offenses have not been marked by circumstances of atrocity or violence.

In the fifth report, for 1850, they say:

"We entertain the same opinions which we expressed in our last report, relative to the class of insane patients termed state or criminal lunatics.

"Your Lordships are aware that the construction of lunatic asylums is so essentially different from that of prisons, that an effectual security against the escape of criminals cannot be provided without restricting the liberty of other patients, with whom they are necessarily associated, and materially interfering with that treatment and general arrangement which ought to be adopted for their benefit."—P. 16.

In their sixth report, for 1851, they say:

"We cannot allow this opportunity to pass without repeating the strong objections which, in common with the visiting justices and superintendents of asylums, we entertain, and have frequently expressed, both in our previous reports and in communications with the Home Office, to the committal of criminal lunatics to asylums not appropriated exclusively to them, and to their confinement and association with the ordinary inmates of those institutions."—P. 20.

In their seventh report, for 1852, they say:

"Since the last report we have given the subject [criminal lunatics] much consideration. Circulars were addressed to the Visitors of county lunatic asylums, and to the Superintendents and proprietors of hospitals and licensed houses, throughout England and Wales.

"The information sought to be obtained thereby was, first: A return of all the patients confined under the royal authority, or Secretary of State's warrants, or confined by order of justices, as persons apprehended under circumstances denoting derangement of mind, and a purpose of committing an indictable offense. Second: The observations and opinions of the several visiting justices, superintendents and proprietors of lunatic asylums, on

the subject of criminal lunatics generally, and more especially on the question of their association with the ordinary inmates of those establishments.

"The opinions as to the propriety of associating criminal with ordinary lunatics form the subject of numerous letters addressed to this Board.

"The main objections raised to the association of the two classes of patients are:

"I. That such association is unjust, and that it gives pain and offense to ordinary patients (who are generally very sensitive to any supposed degradation) and also to their friends.

"II. That its moral effect is bad, the language and habits of criminal patients being offensive, and their propensities almost invariably bad. That in cases of simulated insanity (which seem to be not infrequent) the patient is generally of the worst character; and that even where the patient is actually insane, the insanity has been often caused by vicious habits. That patients of this class frequently attempt to escape, and cause dissatisfaction and insubordination among other patients.

"III. That a necessity for stricter custody exists for one class than for the other, and that this interferes with the proper discipline, classification, and general treatment, and strengthens the common delusion, that an asylum is a prison.

"IV. That criminal patients concentrate attention on themselves, and deprive the other patients of their due share of care from the attendants.

"V. That the effect on the criminal patients themselves is bad; that they are taunted by the other patients, and are irritated on seeing such other patients discharged.

"These and other objections have been expressed by almost all the superintendents and proprietors of lunatic establishments in England."—P. 32.

In their eighth report, for 1854, they again urge:

"Continued experience and observation have tended to confirm the views expressed in the several reports, in respect to the criminal insane.

"We think it very important that ordinary asylums should be, in fact and character, considered and managed simply as hospitals for the medical and moral treatment of insanity. Residence therein should not be associated, in the minds of the inmates or their relatives, with the degrading ideas of criminality and imprisonment.

"Provision should be made for the separate custody, care, and treatment, in asylums exclusively appropriated to the purpose, of criminal lunatics of various classes, confined under the royal, or Secretary of State's warrants.

"The State asylums would, of course, be so constructed as to admit of the due classification of the inmates with reference to the nature of crime, mental state and habits, and previous conditions of life."—P. 45.

In their ninth report, for 1855, they add:

"Continued observation and inquiry have confirmed and strengthened the

views which we have for so many years submitted; and we now desire to express our regret that our statements and remarks have not, as yet, led to any practical result."—P. 41.

Another year passed, and yet nothing was done. The Commissioners still urged the matter on the attention of the Government, and in their tenth report, submitted to the Lord Chancellor in March, 1856, they state:

"The important subject of criminal lunatics, and of the provision to be made for their separate care and treatment in a State asylum, continues to occupy the serious attention of the Board. As soon as the detailed inquiries in progress, relative to the criminal lunatics at present inmates of asylums, hospitals, licensed houses, and jails, shall have been completed, we shall be in a position, and we propose to submit to the Secretary of State for the Home Department some specific recommendations upon this pressing matter."—P. 29.

It is to be hoped that such earnestness and perseverance of a body, so able and so highly qualified as this Board of Commissioners, will bring about some practical result. We shall look to their next report with confidence of finding some plan that may be not only useful and available in Her Majesty's dominions, but also in the United States.

CRIMINAL INSANE HOSPITAL IN IRELAND.

This experiment has been tried in Ireland for about six years, and with good success. The British Commissioners in Lunacy, in their eighth report, for 1854, page 48, say: "The Central Asylum at Dundrum, near Dublin, which was established by Government, under the provisions of the Act, 8 and 9 Vict., was reported by the Inspectors, in their sixth report, 1853, after it had been in full operation six years, as having been eminently successful, and as having realized the object for which it was originally experimentally intended."

The *Psychological Journal of Medicine* for October, 1855, says: "The Central Asylum at Dundrum, for the safe custody of insane persons charged with offenses in Ireland, has from its opening proved eminently successful. The number of patients amounts to 126. The admissions are restricted to cases of a grave character, or to those where, though the offenses might not be very serious in themselves, the offenders had evinced particularly dangerous symptoms or inveterate propensities of a criminal nature."—P. 163.

This is the only experiment that has been fully and fairly tried, unless we except that of the Bethlehem Hospital in London, which,

laboring under some disadvantages, has not had a good opportunity to test the principle of separation of convict lunatics. Nevertheless, it has not been a failure there.

NO REMEDY YET PROVIDED.

There is no difficulty in establishing the impropriety of confining insane convicts in the common hospitals with the respectable and untainted patients, and there is an apparent wrong in placing the insane transgressors there; but it is far from easy to find a suitable remedy, which will meet their wants in the United States. Therefore, both here and elsewhere, the wrong-doers and the convicts, when mentally deranged, have been, and are, allowed to enjoy the usual means of relief in the common hospitals in company with other and innocent patients.

The friends of reform in this matter in Great Britain, although united as to its necessity, and supported by the Commissioners in Lunacy, and probably by men in high authority, and although they have been agitating the subject for more than twelve years, and urging it upon the Government, have as yet accomplished nothing.

OBSTACLES IN THE UNITED STATES.

These complaints, although freely made in this country, have met with no response from any of the powers that be, except in Connecticut, and a satisfactory way of relief is not discovered even in that, or in any other of the States.

Our National Government has no authority to make provision for the criminal and convict insane, nor even for any other except those in the District of Columbia and those that belong to the army and navy. The States severally provide for their own insane. Each builds its own hospitals, or otherwise administers its own charities. Hence arises a practical difficulty here, in the want of a sufficient number of criminal and convict patients in any State to justify the building and organizing an establishment expressly for them.

REMEDY MAY BE PROVIDED IN GREAT BRITAIN.

There is no such difficulty in Great Britain. By the law of the realm, the counties and the boroughs build their several insane hospitals, or in some other way provide the means of healing or protecting or guarding the patients that respectively belong to them. If these

counties and boroughs should attempt to make separate provision for their insane transgressors and convicts, they would find the same obstacle in the want of numbers as we do in the American States. But the same power that requires the counties individually to create their several hospitals, can of itself create one or more for any special class of insane.

Taking the whole of England, there would be found a sufficient number of the criminal insane to fill one or more hospitals. According to the last report of the Commissioners in Lunacy, dated March 31st, 1856, there were in thirty-four county and borough asylums and hospitals, and in eighteen licensed houses, in England and Wales, 559 criminal lunatics confined, either for treatment or for custody. It is probable that there were some, though perhaps only a few, of this class of patients in the prisons; but of these the report takes no cognizance. The 559 lunatics are enough to fill one very large hospital, and more properly two of suitable size for the best treatment, and to permit sufficient occupation for a complete corps of officers, attendants, servants, &c.

PROPOSED PLAN IN MASSACHUSETTS.

To meet these difficulties in this country, there have been two plans proposed in Massachusetts and Connecticut.

The late Commission on Lunacy in Massachusetts, in their report on the insane and idiots in that state, proposed that, at a future time, the Commonwealth provide a hospital especially for the state-pauper insane, who are almost all foreigners, and that in, or connected with, this establishment there should be a building, wing, or ward devoted exclusively to the criminal and convict patients; and that this department should be made strong, and provided with all the means of restraint and security that are needed for the safe custody of this class, and that the officers and attendants who should have the immediate charge of them should be fitted, by their character and habits, to meet the condition, tendencies, and liabilities of those under their care.

This plan would seem to meet the wants of this class, without interfering with the comfort or the prospects of the others that might be in the same institution. Yet it is only prospective, and contingent upon another, which it is not proposed to adopt for some time to come. And it is far from certain that the Legislature which shall be in power

at the suitable time will look upon the scheme with favor and put it in practice.

PLAN IN CONNECTICUT.

In Connecticut, the *Medical Society*, in 1855, feeling aggrieved at the custom of sending the insane convicts to the Retreat at Hartford, or of keeping them in prison, petitioned the Legislature to take the matter into consideration, to make inquiry as to the state and propriety of the facts, and see whether some relief might not be obtained for both of these institutions, as well as for the patients.

The Legislature granted the prayer of the petitioners, and created a commission, with directions to make this inquiry and to devise a plan for the better care of the insane convicts, if they should think a change should be needed.

The plan proposed by the Commission was described by one of the Board in a letter to the writer of this paper, and his criticisms and opinions as to its merits and feasibility were asked. This plan has since been put into execution at Weathersfield, and the establishment may now be nearly or quite ready for occupancy as a hospital.

"We inclose two acres of good land, light and dry, by a high and secure wall. Within this, and close to the east wall of the prison, we erect a building, extending to the east, and large enough to accommodate about thirty inmates, which is to be heated by steam and lighted by gas, both of which can be procured from supplies already existing on the premises. The cooking is to be done in the prison kitchen, and the inmates guarded, in part, by existing arrangements."^{*}

The hospital is to be in the form of a modern prison—a double building—one within another. The outer is to be of brick or stone, perforated with numerous windows, which are to be sufficiently guarded with strong gratings. Within this outer house, or shell, is to be the inner building, or especial dwelling of the patients. "Its extreme length will be about one hundred and twelve feet, and its breadth seventeen feet and eight inches." "The rooms will be about the size of those in the Cottage in the Retreat at Hartford—eleven feet long, eight feet wide, and nine feet high." From the numerous windows in the outer wall the inner rooms can be made light and cheerful, and they will be "ventilated

* Extracted and condensed from the letter of Dr. E. K. Hunt, of Hartford, Ct., one of the Commissioners.

from the top by means of the most approved ventilators." Between the inner and the outer building, or shell, there is to be an area ten feet wide, running all around, and open from the ground-floor to the attic-floor, or the roof. The inner building is to be three stories high, and the rooms are to open into the surrounding area, and to be accessible by an iron balcony running in front of each story. The cells are to be guarded with iron doors, and these to be fastened with bolts, as in ordinary prisons. "The inmates are to have a comfortable bed, a nutritious and palatable diet, and to take as much exercise as their health will permit on the grounds—which are to be kept as a garden—and to take such and so much medicine as an intelligent physician deems needful."*

Probably this part of the establishment, being immediately connected with the prison, will be under the general charge of the prison officers, certainly under the prison physician; and the general laws of the prison will be used for the government of the insane convicts.

This plan has many things to commend it—certainly it is better than to retain these patients in the prison with the other convicts. It is better for the honest and respectable patients that these should not be mingled with them. It will, therefore, and to this extent, be supported by those who have the charge of the prisons and the insane hospitals, and probably by the people at large—at least by those who have friends in the common asylums. It probably will meet with favor from legislatures, who have the responsibility of providing for criminals in every condition. Yet, as it is liable to grave objections, and it is worth while to examine it in all its bearings, before any others are committed to its adoption and practice, we here give the substance of the answer returned to the Connecticut Commissioners in respect to the plan proposed by them.

OBJECTIONS TO THE CONNECTICUT PLAN.

This class of patients are subject to the same law of disease that governs all others. They are liable to be disturbed, and their maladies may be increased or continued by the connection or association with the scenes and persons that surrounded them, or were familiar to them, before they were deranged. They, therefore, need to be removed, and be placed among such as are new and strange, and such as will not bring back or keep alive their delusions or morbid feelings.

* *Ibid.*

The insane convict was disturbed in mind, and lost his reason in the prison, amidst the few circumstances, the narrow scenes, and limited company of that place. These, and all the influences connected with or growing out of them, are less numerous than those which surround and affect the free man in the broad world, and the impression they make on the convict's mind must be intense in the inverse ratio of their numbers. There is, then, even a greater necessity that these patients should have a change of scenes and associates than those who become deranged at home, and in the midst of a wider society. He needs not only a change of place, but a change in the appearance and character of his dwelling. The hospital to which he is to be carried should not be merely another prison—a mere repetition of that which he leaves—alike in form, and structure, and arrangement. He should have something different from the inner building and outer shell, with the undivided area between,—some other than the narrow cells, with iron doors, and suspended balconies before them; for these he had before, and they are no change to him. Nor should his yard or exercising ground be inclosed with high, stone walls close upon him, for he looked on such when he labored in the prison.

The occupations of the convict are necessarily limited. They are mechanical, and not agricultural, and only a narrow range of handicrafts can be practiced in his home, and it is not safe to allow him to work abroad. All of these, like the scenes and persons, are deeply impressed upon the convict's mind, and should be exchanged for others when he becomes insane.

It is not sufficient, then, that the insane convict should be changed from one prison called by that name, to another called a hospital; but he should have a change in every thing—in place, form and resemblance of building, associates, employments, and general arrangement; and, more than all, in the manner of discipline.

THE CRIMINAL HOSPITAL MAY BE NEAR THE PRISON.

There may be no objection to placing this insane-convict hospital in the same town with the prison. Very few of the prisoners have lived or belong there. During the whole of their residence there, they have been confined within the walls of the prison or yard. They have no acquaintance with the streets or localities of the town; all its parts are as strange to them as other and distant towns; and, moreover, the hospital grounds are presumed to be surrounded by walls, or fences,

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which the patients will not pass. To remove a patient from the prison in Auburn, Sing Sing, Weathersfield, Charlestown, or Philadelphia, to a hospital in another street in the same city, would be as decided a change of scene and circumstances, as the removal of ordinary lunatics from their homes in one county to the common hospital in another.

On the other hand, there may be some advantage in having the hospital within the reach of the prison physician, and perhaps under the charge of the same medical officer. There are some cases of insanity occurring in the prison, which, under the rigid discipline of the establishment, are not manifested with sufficient distinctness to be detected by the officers. When the Massachusetts commissioners, including two superintendents of hospitals, made their first examination of the mental condition of the convicts who might be supposed to be insane in the State Prison, they discovered several who had delusions, that had escaped the notice of the physician and other authorities of the institution. If the prison physician has charge also of the insane hospital, he will have a wider opportunity to investigate this disease; and this observation will give him a tact that will enable him to detect any mental aberration in its very beginning.

Life in the hospital is apparently easier and less restrained, certainly under less severity of discipline than that in the prison, and seems to offer more opportunities of escape. The prisoner is therefore inclined to look upon it with favor, as either in itself more desirable, or as more favorable to any plans he may entertain of going abroad. There are, then, strong inducements for the convict to feign insanity; and some do feign it with so much success as to elude the skill of the ordinary prison physician to detect the imposture. This is an additional reason for having the insane hospital for the convicts under the supervision of the same medical officer that attends the prison, and involves the necessity of having both of the establishments in the same town, or at least within the reach of the attending physician.

THE HOSPITAL SHOULD BE UNLIKE A PRISON.

Although these establishments may be in the same town, yet, otherwise, in their internal and external arrangements, in their whole life, administration, and discipline, they should differ from each other as widely as a common insane hospital does from a common dwelling; so that the insane convict should, in his new home, see as little as possible to remind him, or bring back the associations and feelings, of the old and

recent home from which he has been taken. On this account the convict's hospital should not be like his prison, but, as far as is consistent with security, like the hospitals designed for honest men. The diet, the manner of eating out of tin vessels in their solitary cells, which are, perhaps, sufficiently appropriate in the jails, should be avoided, and the guilty patients be allowed to gather around and eat at tables furnished with the ordinary utensils, plates, &c.; and, so far as may be, the common habits and manners, the usual courtesies of life, should be required of them.

The clothing, the prison uniform of many colors, which stamps on its wearer the revelation of his home, should be exchanged for other garments. It may not be necessary to clothe the patient in undistinguishable citizen's dress. It may be expedient to give him some form or style of raiment that will mark him as not a citizen of the world, by which he may be easily described and recognized if he should escape. Yet this need not be the counterpart of that which he and other convicts wear while undergoing punishment.

CRIMINALS SHOULD NOT BE ATTENDANTS.

There is a strong temptation to employ sane convicts to take care of the patients in prison. We know that this has been done in some instances. These attendants may be, and probably are, of the better sort of prisoners. They are the picked men of the establishment; the kindest, the most discreet, and the most reliable of their class. Yet they are convicts. They have been the associates, and perhaps the friends, of the patients. Certainly these are similar in character and manners, and in habits of thought, to those among whom they become diseased. The selection of these to attend upon and watch their insane fellows, does not permit the latter to enjoy through them that change of association which they need.

Beside this error in remedial management, there is a glaring and undeniable wrong in intrusting a person so helpless and unprotected as the insane, to the care of the dishonest and irresponsible convict. There are manifold ways in which the patient may be made to suffer, and his malady protracted or increased, by neglect or abuse on the part of those who have immediate charge of him. In all the relations in which these parties stand to each other, in every circumstance of their associated life, there are numberless and incessant opportunities occurring, wherein, by deed, by word, or by look, by attitude of body or by

expression of countenance, positive wrong may be inflicted upon the patient, or good and comfort may be withheld from him, and yet he cannot resist the one nor claim and obtain the other. His disease makes him powerless in himself, and his excited, unbalanced mind, and his demented state, deprive him of that confidence of the superior officers in his complaints, and that redress and protection which, in the same circumstances, would be granted to men in a healthier mental condition.

There are few cases where one man is more completely in the power of another, than an insane person in the hands of his attendant; perhaps, none where so much is trusted to the honor and the responsibility of the stronger party; and none where truth, faithfulness, and tenderness are so absolutely required. The convict's previous life and his present condition are but poor recommendations for this delicate and important post. If he violated the confidence of the broad world, and could not be depended upon among sane and honest men, where all eyes were looking upon him, and he had every motive for true and faithful action, certainly he cannot be considered a safe and reliable keeper of the melancholic or demented patient, who can not complain if he is injured or neglected; or of the maniac who may be violent, irritating, and provoking, but who will not be believed when he tells of his wrongs.

OCCUPATION.

The insane convict needs occupation as much as the other and more honest patients. He has been employed in the prison, mostly in some mechanic art or in hammering stone, and he now wants some agricultural labor—something to do on the land. This would require more extent of ground than is commonly connected with penitentiaries, and more than it is proposed to appropriate for this purpose at Weathersfield in Connecticut.

HOSPITAL MUST BE SECURE.

In all this diversity it is yet necessary that the hospital for the insane convict should be made strong, and in the buildings and in the yards it should have all the elements and the arrangements for security. In the number and character of the attendants, servants, and all that come in contact with the patients, or are employed about the establishment, the same idea should prevail; for it must not be forgotten that the patients

are criminals, and under sentence of punishment; that they are only transferred from the prison for a time, and are to be again returned to their close confinement as soon as their mental disorder shall be removed. They have, therefore, every inducement to break their present bonds; to feign disease, in the first place, in order to get into the hospital; or, if their malady be real, to feign such condition of weakness, or pain, or dementia, as will, at least, inspire confidence and disarm suspicion, and relax watchfulness, and leave the way more open for escape.

SHALL THE INSANE TRANSGRESSORS AND THE INSANE CONVICTS BE
TOGETHER IN THE HOSPITAL?

There yet arises the question, whether the other class of criminals, or dangerous insane, who have violated the law under the influence of their disorder, but are neither convicted nor condemned, shall be confined in the same hospital with the insane convicts, or with the honest and untainted patients. If these are of such character as Mr. Léy seems to suppose they are, in England,—if they have been leading lives almost criminal, petty thieves, brawlers, disturbers of the peace, keeping just clear of such overt acts as would bring them within the grasp of the officers of justice,—there can hardly be a doubt that they should be placed in the house with the more decidedly criminal patients.

Those, too, who are yet violent and dangerous, whose presence in the common hospital would be unsafe and terrifying to the inmates, and who require more than ordinary watchfulness and vigilance for their security, or who cannot be managed by the usual means and discipline, may be sent to the same institution.

But if they are such as are generally found here—persons of good character, and of harmless and inoffensive lives, until they become insane,—if their acts of violence and wrong, homicide, arson, theft, grew out of the disordered intellect, and indicate no more guilt than the perverseness of the struggling maniac,—and if they can be safely managed in a common institution—there is a doubt whether they should be confined and live in the hospital appropriated to the felons, and to associate with them there.

The sensibilities of the honest and innocent insane are keen, and are to be regarded; yet they have charitable feelings and just sentiments, like other persons; they are not so much offended with those who have

committed violence, without guilty intent, under the influence of disease, as they are with the willful convict, who can plead no mental disorder as an excuse for his crimes. Like others, they look rather at the character of the person than to the specific act.

Without attempting to settle this question by any fixed rule or law, it may very properly be left to the courts to determine, in each case, whether the insane transgressor of the law shall be sent to the convict's or to the other hospital. This decision would, of course, include the consideration of the history and the present condition of the patient, and the doubt, if there be any, as to the degree of innocence or guilty intent involved in the act.

NO STATE ALONE CAN PROVIDE CRIMINAL HOSPITAL.

We have no means of knowing how many of these patients of either class there are in any of our states. According to the official reports, there were in the prisons and jails, and the receptacles connected with them in Massachusetts, one hundred and sixty-seven insane persons in 1854, and one hundred and sixty-nine in 1855. But neither the record nor the reports show how many of these were convicts, or in any way transgressors of the law. It is certain that some, and it is probable that most, of these were not criminal, but were merely state paupers, and were kept there for the want of better homes. Some were houseless wanderers, strolling over the country without purpose or occupation, vagabonds in the eye of the law, and sent to these prisons for better custody or guardianship. We have still less information as to the actual numbers of the criminal and convict insane in other states. Yet we think we are safe in saying that not even New York can furnish enough of these patients to fill a small hospital.

It is plain, then, that none of the American States can properly provide a hospital for the convict insane: nor can our national government establish one or more central hospitals for this class, as it is proposed in Great Britain; for its authority does not allow it to make such provision for the general accommodation of the members of the confederacy.

THE HOSPITAL MAY BE PROVIDED BY ASSOCIATION OF STATES.

Although this cannot be accomplished by the concentrated authority and power of the nation, yet it may, perhaps, be done by the union and co-operation of several of the states for this purpose. By this arrangement a sufficient number of patients of this class could be gathered to

fill a hospital, and each state could contribute to the cost of creating and supporting the establishment in proportion to the number of patients which it should keep there. In this case the hospital would be the common property, and governed by the common authority of the several parties who may be thus associated together.

Another plan suggests itself, which may meet with more favor, because it has been and is tried successfully, for parallel purposes, in several instances here. Any state may build such an institution for its own patients, and for those of other and neighboring states, receiving, by agreement, a suitable compensation, or a due proportion of the cost. This plan is found to work well in the Asylum for the Deaf and Dumb at Hartford, in Connecticut, which opens its doors to these speechless children in all New England, and in the other states. The Blind Asylum at Boston extends its favors to the North-Eastern and some of the Southern and Western States. The Idiot School of Massachusetts receives any imperfect children that may be sent to it from every part of the nation. Similar institutions are in other states, and extend their blessings to, and receive a good portion of their support from, commonwealths beyond their own borders.

None of these establishments could be well filled as they now are, and receive their adequate support, or sustain their present full and efficient corps of officers and attendants, or carry on their operations with so much success and usefulness, even to the children of their own state, if they had not this co-operation from abroad.

PROPOSED DISTRICTS OR ASSOCIATIONS OF STATES.

This principle, so well exemplified in the practice and success of these institutions, could be very advantageously applied to the management of the convict and criminal insane. Suppose that New England and New York, with a population of about 6,675,000, at the present time, should combine for this purpose. They would furnish patients enough of these classes to fill a small hospital, and give occupation to a proper set of officers and guardians. And if New Jersey and Eastern Pennsylvania should be included, as they may be, in this association, there would be an ample supply of subjects for the operations of the establishment.

The states of Delaware, Maryland, Virginia, the Carolinas, Georgia, and Florida could form another combination; Western Pennsylvania, Ohio, Indiana, Illinois, Michigan, Wisconsin, Iowa, Missouri, and Ken-

tucky, a third; and all the South-West the fourth district; each of which should have a hospital in common for their criminal and convict insane.

Of course the hospital for each of these districts would be placed in some central town or city, and on some great thoroughfare, river, or railroad, so as to be as accessible as possible to all. If New England alone should combine for this purpose, the neighborhood of Boston would be the most central for all. If this combination should include New York, some point on the Connecticut River between Northampton and Hartford—probably Springfield would be a nearer central point. If New Jersey and Eastern Pennsylvania should be included, Hartford would be the most convenient. For the North-Western district, Indianapolis; for the South-West, perhaps Vicksburg; and for the South-Eastern district, Raleigh, would probably be the most convenient and accessible points for the travel from all their parts.

OBSTACLES—EXTENT OF TERRITORY AND TRAVEL.

The wide extent of these districts, the sparseness of the population in our country, and especially in the Southern States, present a very natural objection on account of the distances—and in some districts, the very great distances over which it will be necessary to carry the patients from their homes to the central hospital. This is an important consideration, and should have its due weight.

The extent of the territory from which patients are to be drawn, and the distances of travel required of them, should never be overlooked in the establishment of an ordinary hospital for the insane. The friends and responsible guardians of the patients will, and do, carry them more easily and readily to a hospital that is near than to one that is afar off. More of those that become deranged have been and will be taken from the neighboring than from the remote districts to the place of healing or custody. Consequently, a larger proportion of these patients will be kept at home, and allowed to become permanently diseased, in the distant parts of the territory to which the doors of the hospital are opened, than in those which are in its vicinity. The advantages of a hospital, therefore, are distributed to, and enjoyed by, the people to whom they are offered in some proportion to their nearness to it, and in inverse proportion to the length of travel, and the labor and difficulty of transporting their insane friends or wards. This principle,

already clearly established in this and other journals, needs no further demonstration here.

DISTANCE OF TRAVEL LESS OBJECTIONABLE FOR THE CONVICT THAN FOR OTHER INSANE.

Notwithstanding the truth of this principle and the force of this objection to the creation of a general insane hospital for the use of people of a wide extent of territory, yet, a careful examination of the circumstances and condition of the criminal and convict patients, and of the hospital which it is proposed to establish for their exclusive use, will show that this objection of distance weighs less with them than with ordinary patients, and the difficulty which is real with the former may be obviated in regard to the latter.

The obstacle of distance, and the objection to traveling over long journeys with an insane man or woman to reach a hospital, do not lie with the patients themselves, for they are not usually consulted; but the difficulty is in the minds of the friends or others who have charge of them, and who must assume the responsibility of taking them from their homes to the place of healing or custody. These friends find it no easy task to watch and care for them at their homes, where they have appliances of restraint, and the co-operation and sympathy of friends and neighbors, if they are needed; and they very naturally dread the labor and anxiety of carrying them on a journey of many miles, surrounded by strangers only, in public conveyances, or alone in private carriages. They too frequently shrink from this unwelcome undertaking, and in their fear of untried difficulties on the way, they keep the patients at home, and deprive them of the only opportunity of restoration.

But the criminal and the convict insane are found in the hands of the public officers, who are used to managing rebellious, and even dangerous subjects. They have no fear of consequences in connection with these patients, whether at their prisons or while traveling abroad. In the performance of their ordinary duty they have no volition, no choice. It is for them to obey the command of the courts, or other authorities, to whom the law commits the jurisdiction of these troublesome or guilty madmen. They are not to entertain a doubt whether they will take one from the prison to the hospital, when so ordered by the powers above them.

Moreover, these patients are very difficult to manage in the jail; they interfere with the discipline, and are burdensome to the general

administration of the establishment. Their keepers would gladly undertake the labor and the responsibility of traveling with and guarding them in public or in private conveyances, through even long journeys of several days, rather than have the care of them in their prisons for months or years, as they otherwise must.

In measuring this distance of travel for the criminal and convict patients, it must be remembered that, when they come under the cognizance of the law, and the special authority which is to decide their present destination, they are not at their natural homes, but in some place of custody. The convicts are in the state prisons or penitentiaries, which are usually in the centres, or at some central points, in the various states. The guiltless but insane transgressors of the law are at first apprehended by the legal officers and carried to some prison for public security, at least, and there they await the decisions of the courts. The former class—the convicts—will constitute the great majority, perhaps the whole of the inmates, of the proposed hospital. They will be obliged to travel only from their state centres, or central points, to reach their appropriate institution. The other class will travel from the centres of their counties.

If the New England States alone should be associated for this purpose, then the distance from the centre, at or near Boston, to the several state prisons, would be, to Concord, N. H., 70 miles; Thomaston, Maine, 193 miles; Windsor, Vt., 138 miles; Providence, R. I., 40 miles; and Weathersfield, Ct., 130. If New York, New Jersey, and Eastern Pennsylvania should be included in this same association, the central hospital would be at Hartford, Ct. This would be 319 miles from the state prison in Thomaston, Me.; 160 miles from that at Concord, N. H.; 136 from Windsor, Vt.; 126 from Charlestown, Mass.; 90 miles from Providence, R. I.; 112 miles from New York City; 145 miles from Sing Sing, N. Y.; 300 miles from Auburn, N. Y.; 346 from Clinton, N. Y.; 167 from Trenton, N. J.; and 202 from Philadelphia.

These distances are not much greater than some of the patients in each of these several states are obliged to travel from their homes in the remotest districts, in order to reach their own hospital; and, with the guardianship of experienced public officers, they may be overcome without difficulty, especially as all of these journeys can be accomplished by railroad or steamboat, except, perhaps, some part of the way from the Clinton prison, N. Y.

In the North-Western District, including Western Pennsylvania, Kentucky, and all the States North and West of these, Indianapolis, Ia., the probable centre, can be reached from all, or nearly all of the great public prisons by railroad and by steamboat; and although these distances are greater than those in the North-Eastern District, yet they bear about the same proportion to the distances which both the sane and the insane in those states are used, and are obliged to travel, on their ordinary business, or for the purposes of health, and they can be overcome. In both of the Southern Districts, the distances are much greater than those of the Northern, and the facilities of travel are less abundant. These may be fatal to the adoption of the plan there, at least, until the facilities of travel shall be increased, or the population multiplied, so that a smaller territory will fill a hospital with patients.

There may be other and better methods of districting the country than this which has here been sketched out. We do not propose this as the only one that can be adopted, in order to carry out this plan of managing the criminal and convict insane. We suggest this rather to show how the principle may be put into practical operation, and to invite the attention of such as are interested in, or are connected with this whole subject, to its careful consideration.

Perhaps smaller districts than those herein proposed may be more easily adopted. This will depend, in great measure, on the number of the proper patients that may be found within the several states; for, as yet, this is but a matter of estimate, and not of any reliable enumeration. Certainly, if this or any other division be adopted, and there are enough in each district to fill an establishment, it will be necessary to reduce the size of the districts and to build more hospitals, when the population shall be much increased and the patients multiplied. This is what is done for the other insane; and also for other charities, for schools, and for prisons; and our people will be willing to do it for these, who, from their social positions, seem to have the least claim upon the public sympathy, but for whom provision, in some way or other, must be made.

WHO SHALL PROVIDE AND CONTROL THE HOSPITALS?

If this plan of central hospitals for the criminal and convict insane shall be adopted, still the question arises, Who shall build them? Who shall have the management and the control of them?

The several states associated in one district may build it, each con-

tributing to the payment of its cost in due proportion, and to the annual maintenance in ratio of the number of patients that it may have in the institution; and its administration may be committed to a board of trustees, in which each state shall have a due measure of influence.

The state in which the hospital shall be created may build and manage it, and take the patients from the associated states, charging them their proportion of the expense of maintenance.

A corporation under the authority of the central state may build and control it, and take the patients from all the states in the association, at a proper charge for their care and attention.

The last plan is adopted by several institutions for the blind, deaf and dumb, and idiotic, in various states; and their success is an encouragement to those who would provide for the criminal and convict insane.

We have thus presented this subject with all the difficulties which beset it on every side, and all the plans of relief, which are not without objections. But as something must be done with these patients, and as every plan hitherto tried for their management has been condemned as wrong to them, or injurious to others, we offer this, of a central hospital for associated states, for the exclusive use of their criminal and convict insane, as one that will be altogether advantageous to them and inflict no evil whatever on other patients or convicts. We are not sanguine in our expectations that this plan will meet with immediate favor from those who have power to give it concrete form and life. However desirable and practicable it may be, we have no confidence that even the North-Eastern States, where the circumstances are the most favorable to its adoption, will be in any haste to try the experiment of a system so new and so different from their previous experience.

Yet, knowing that the evil to be remedied is already great, and is growing greater year by year, and will ere long become so oppressive as to compel relief, in some way or other, to be granted,—knowing that those who have any thing to do with these patients, whether in prisons, or hospitals, or elsewhere, universally complain of the burden,—and believing that they will become more and more earnest, and even imperious, in their demands for a new policy in this matter, we offer this plan, as the best that has been yet devised, for the serious and early consideration of psychologists and philanthropists, of political economists and statesmen, of those who are interested in or have the

care of this class of patients, and those who have the responsibility of providing for them.

If, then, this system be the true one,—if it will meet the wants of the criminal and convict insane, and do no harm to others,—an enlightened public opinion will compel its ultimate adoption. If it be not such,—if it cannot accomplish the end proposed, or if it be manifestly impracticable,—then it will claim no farther consideration than as a means of opening the way for the active intelligence and earnest philanthropy, now enlisted in this cause, to devise a better and more feasible one that will relieve our hospitals and prisons of these guilty and offensive patients, and yet provide for them such means of cure and custody as humanity requires and justice will allow.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE
OF THE PHYSICAL ORGANIZATION AND MENTAL
MANIFESTATIONS. BY A. O. KELLOGG, M. D., PORT HOPE,
CANADA WEST.

THE CEREBRAL AND CIRCULATORY SYSTEMS—THEIR RECIPROCAL AND
SYMPATHETIC INFLUENCES.

"The life of all his blood is touch'd corruptibly, and his pure *brain* (which some suppose the soul's frail dwelling-house) doth, by the idle comments that it makes, foretell the ending of mortality."—*King John*, Act v, Scene vii.

THE truthfulness of Shakspeare's pathological allusions, like the immensity and accuracy of his knowledge on all subjects upon which the rays of his mighty genius fell, has excited, and to the remotest time will continue to excite, the wonder and admiration of all thinking men, who attempt to investigate the subject to which he alludes. The accuracy of his pathology has stood the test of experimental science for upwards of two centuries. In fact, the investigations of modern science, so far from refuting any of the pathological ideas shadowed forth by the poet, have, in most instances, but served to illustrate and confirm them.

In Shakspeare's time experimental science had done but little towards the demonstration of the true nature and uses of the circulating

fluids of the animal economy. Even the great discoveries of Harvey, which may be taken as the basis of all our present knowledge, physiological and pathological, had not been given to the world; for Shakspeare died in 1616, and Harvey's discoveries were first published in 1628. Yet passages might be brought forward from his writings, which would appear to indicate a knowledge of the physiology and pathology of the circulation, far beyond that of the age in which he lived. The vitality of the blood, its "life" and its "corruptibility," are distinctly set forth in the passage we have quoted, and its power of affecting the brain is also glanced at. It is unsafe for theorists to run counter to the opinions and maxims of genius on any subject, physical, moral, or intellectual, for they are almost invariably confirmed by the subsequent experience of mankind, and the results of experimental science.

We cannot better illustrate the truth of this than by a reference to some of the theories which have flourished in medicine since the time of Shakspeare, but are now forgotten, or only referred to as curiosities in medical literature. The solidists, for example, referred all the diseases of the human body to alterations of the solids, and contended that these alone were endowed with vital properties, and were alone capable of being morbidly impressed, and of becoming the seat of pathological phenomena. This was, until recently, the prevailing doctrine.

The Galenical physicians, on the other hand, founded their theory exclusively on the parts which the humors were considered to play in the production of disease—attributing all diseases to a depraved state of the fluids, or the various juices collected in the body. Modern research has demonstrated that in all our pathological investigations the condition of both solids and fluids must be taken into consideration, and particular attention has been paid to the abnormal conditions of the blood, and a modified humoral pathology, based on experimental research and the philosophical doctrine of its *vitality*—"the life of all the blood"—and its power of being "touched corruptibly," as taught two hundred and fifty years since by William Shakspeare, is now fully proved. The experiments of Prof. Shultz, of Berlin, have shown that the blood globules have a peculiar intestine movement of their own, independent, apparently, of the action of the heart and blood-vessels, and by virtue of which they move on by themselves. This motion has been attributed to the vital influence imparted to the blood by the

ganglionic nerves, which supply so abundantly the interior of the vessels.

The fluidity of the blood, when in the blood-vessels, has been shown to depend upon its vital endowments, and that its various constituents are kept in solution during circulation by the vital influence. In the healthy state no separation of these constituents can occur within the vessels, and only partially in certain diseases, and that coagulation takes place from the loss of vitality which the blood sustains from being removed from the system, and the phenomena connected with it have a close relation to its vital endowments. Before proceeding to consider the influence of the various pathological conditions of the blood upon the mental manifestations, it may be well to turn our attention to a most important matter in this connection—namely, the influence exerted by the quantity of the circulating fluids in the vascular system, independent entirely of any pathological condition of these fluids themselves; in other words, to the effects of the various conditions of plethora and anaemia upon the cerebral functions. The influence of the latter was referred to, cursorily, in a former article, but its importance demands a more extended notice in this connection.

Among the first symptoms of a plethoric condition of the vascular system is a greater disposition to sleep than during health; there is less quickness and aptitude to either corporeal or mental exertion, particularly the latter. Together with this mental lassitude and indolence, we have other evidences of cerebral disturbance, such as weight and pain of the head, vertigo, dreamy and unrefreshing sleep, partial amaurosis and sometimes complete blindness, as we once witnessed, lasting for twenty-four hours, caused by cerebral congestion, resulting from prolonged vomiting, induced by error of diet in a patient convalescing from scarlet fever.

The influence of an anaemic condition of the vessels of the brain upon the cerebral functions has, of late years, been most ably discussed, particularly by Drs. Marshall Hall and Copland, and the great practical importance of their investigations and observations cannot be too highly estimated, when it is remembered to what a fearful extent depletion, in all diseases characterized by much vascular and nervous excitement, has been carried during the last half century. No class of patients have suffered more from the application of the mistaken theory which attributed this excitement, almost solely, to increased vascular action, or congestion, either local or general, than the insane.

The late Dr. Brigham remarked, that a large majority of the patients at the State Asylum at Utica, during the first years of its operation, had been greatly debilitated, and their recovery retarded, by the excessive bleedings which had been resorted to by the general practitioners who had first been called in to prescribe. He was earnest in cautioning the profession, through his reports, and the pages of this Journal, which he had then just established, against the pernicious influence of the doctrines of Rush. But it is to be feared that his voice did not reach and influence general practitioners as extensively as could be wished. The accomplishment of this, like many of his benevolent designs, required more time than an all-wise Providence had seen fit to allow him. It is a satisfaction, however, to know that the evil is not as extensive as formerly, and will, doubtless, disappear with the few remaining disciples of the great but misguided man who was chiefly instrumental in promoting it.

When we turn our attention to the evil effects, both physical and mental, of large losses of blood in persons not previously affected with serious disease, it is painful to contemplate what must have been the injury to the constitution, both immediate and remote, of such indiscriminate vascular depletion practiced in cases where the whole remaining vital energies of the system were required to resist the disease under which they labored. The following cerebral manifestations are among the more prominent consequences of large losses of blood: vertigo; leipathymia, or a sense of sinking; syncope; sickness of the stomach from the cerebral anaemia, pointed out in a former article as affecting the stomach sympathetically; cold, pale, and beaded surface; irregular sighing and yawning.

Sometimes, when the loss of blood has been very great, we have all the above disturbances in a more intense form—the syncope is very profound, the respiration nearly imperceptible, being performed almost entirely by the diaphragm, returning with deep sighs. If, after the above symptoms, the loss of blood has not been checked, the return to consciousness is manifested by an aggravation of the symptoms above described, with the addition of delirium, nervous tremor, or shuddering, great restlessness and jactitation—sometimes so violent as to shake the bed—convulsions, violent tetanic spasms, gasps for breath, and death. A peculiar delirium is one of the most common effects of excessive vascular depletion, one which, from the cool temperature of the head, the weakness of the pulsations of the carotid artery, and the

pallor of the countenance, indicates a condition of impaired vital energy of the brain. In children, as was shown in a former article, coma is a more frequent result of this condition of the cerebral circulation than delirium.

The reaction which supervenes from large losses of blood is usually attended by some distressing head symptoms. There are palpitations and throbings through the whole body. This is particularly the case in the carotids and arteries of the head, and gives rise to noises, such as ringing or buzzing in the ears, which patients almost invariably complain of after large depletion. When the reaction is more marked there is much pain of the head, with intolerance of light and of noise, a sense of tightness or pressure around the head, and sometimes delirium, particularly in the night, agitated sleep, attended with fearful dreams, a sense of sinking, or impending dissolution. It is painful to reflect how often this state has been mistaken for one of inflammatory action, and how the repeated blood-lettings which have been resorted to for its relief have so completely exhausted the patient as to render it dangerous for him to make the least muscular effort; the practitioner, as we remember to have seen, having proceeded from depletion to depletion, mistaking the morbid effects of the previous loss for a return of the much-dreaded inflammatory action.

In children and young subjects the delirium or morbid sensibility of the brain, resulting from this state of the vascular system, rapidly passes into coma and lethargy, and this, particularly when it has been preceded by convulsions, is almost invariably mistaken for effusion of serum within the head, or hydrocephalus. Indirect depletion of the vascular system by the drain of protracted diarrhoea, in children, will produce the same train of cerebral symptoms, as was pointed out in a former article; yet, in most of these cases no effusion whatever is found, or not sufficient to account for the comatose symptoms, by which death has been preceded. Organic changes may supervene in addition to the functional disorders, and effusion of serum or extravasation of blood upon the brain may be found.

Sometimes the reaction following excessive loss of blood is attended by a condition of the system which is characterized by various symptoms, among which, those having reference to the cerebral functions are prominent, such as somnolency alternating with slight delirium; amaurosis, nervous tremor, jactitation, delirium or mania,—in puerperal females of a peculiar form of disturbance known as puerperal mania.

A case illustrative of the delirium and other morbid symptoms pointed out above, resulting from deficient vital energy of the brain, consequent upon excessive loss of blood, has just now come under my notice while preparing this paper. Mr. Shepherd, by trade a miller, aged about fifty, of good constitution and temperate habits, after recovery from a mild attack of dysentery, and while in the exercise of his customary duties, had his leg caught in some machinery in a remote part of the large flouring-mill which he superintended, and remained for half an hour before he was discovered and relieved from his perilous situation—the machinery all this time in motion, and his leg entangled. The limb was shockingly mangled to a point several inches above the knee, and much blood was lost before the arrival of any assistance. We gave him stimulants and proceeded to amputate the limb at the thigh. This was done with but trifling additional loss of blood, and, though weak, he appeared to rally favorably. The stump was left exposed for some time, in order to check any oozing of blood, and to secure any small vessels which might be disposed to bleed. After the stump had been dressed for several hours, and reaction had been established, a small vessel, which, notwithstanding our care, had escaped observation, commenced to bleed. We were called immediately, the stump was opened, and the vessel secured. This last loss of blood, though not great, comparatively, rendered him extremely prostrate; and many of the more alarming symptoms, pointed out above as resulting from excessive vascular depletion, were present. The pulse ranged from 150 to 160 strokes in the minute, and was small and thready: respiration sighing and interrupted: there was delirium—the patient seemed to imagine himself still in the machinery, and cried out for help to get loose. In addition to the delirium and other symptoms, the most distressing result of the cerebral anaemia, in this case, was the violent retching and vomiting of every thing taken into the stomach, upon the slightest motion—even that of raising his head a few inches from the horizontal position to give him a drink. Brandy and strong beef-tea were given every few minutes, and though much of it was rejected, enough was retained to cause the system, even in the extremely low state to which it was reduced, to respond to its influence, and under its use the more urgent symptoms—the delirium and retching—were relieved, and he is, at this time, three weeks from the operation, in a fair way to recover.

In attempting to consider the influence of the various pathological

conditions of the blood upon the mental manifestations, we enter upon a very wide and rich field for investigation—a field, the surface of which is, as yet, scarcely broken up, but which promises, to those who have opportunities to cultivate it intelligently, and who enter upon their labors with zeal and ability, a rich and abundant harvest. To do full justice to this subject it would be necessary to enter extensively upon the consideration of the changes which the blood undergoes in disease; and even upon this branch of pathology our knowledge is, as yet, very scanty and imperfect, and to glance at the ascertained facts in connection with this would scarcely fall within the scope of these papers. All we can hope to effect is, to consider a few of the more salient points in this connection, trusting that while our knowledge of the pathology of the circulating fluids is rapidly advancing, together with all branches of medical science, its connection with morbid mental manifestations will not be overlooked by those whose special province it is to trace out these relations.

The influences which are brought to bear upon the mental faculties, both in health and disease, through the medium of the circulating fluids, are various and complicated, and we may, therefore, venture the assertion that the explanation of many of these is but slightly understood in the present state of medical science. We shall attempt, in the first place, to take a cursory view of some of the external agencies which influence the mental faculties through the medium of the circulating fluids; and, in the second place, to glance at those internal agencies, or morbid processes, which take place within the animal economy, and by means of which the circulating fluids become contaminated, and the mental manifestations are influenced secondarily.

One of the first things to be considered in respect to its influence upon the circulating fluids, and, through these, upon the brain and mental manifestations, is diet. All experience shows that there can be no successful treatment of insanity in public hospitals where a scanty and imperfect diet only is allowed these unfortunates. The late Dr. Brigham, whose ample experience and sound common sense rendered his opinions of much-deserved weight on all subjects connected with the insane, held the opinion that a full, generous, and sometimes stimulating diet and regimen was, in a large proportion of cases of insanity, one of the most important of remedial means. The diet-tables of the greater number of asylums in the United States are a matter of much astonishment to those philanthropists who seek to measure out their

charity, as they would weigh out rations to these poor insane persons, in pounds and ounces, as though they were seeking to determine by actual experiment the very minimum quantity upon which these unfortunates could exist, without perishing from positive starvation, and county-house economy. There are few things in life which make a sane man feel more uncomfortable or dissatisfied with himself and the world around him than the want of his dinner,—and few things more calculated to disturb his mental or moral philosophy than the vague feeling of uncertainty as to where or how he shall obtain his breakfast,—or if, in the circumstances which beset his path, he shall be able to obtain it all; and we believe there are few men so very insane as to form an exception to this rule. A warm bath is, undoubtedly, a very comfortable thing for the time being. A glass of good wine, judiciously administered, will sometimes cheer the heart of a desponding man, and do him much good. Or, if these fail, that "sweet oblivious antidote," the "full opiate," is ever at hand to *quiet* him, regardless of after consequences. Yet nothing *satisfies* a man so completely as good, substantial food, and plenty of it. Next in importance, for good or evil (generally the latter), upon the circulating fluids, and, through these, upon the brain and mental manifestations, are the various alcoholic beverages so extensively indulged in.

Falstaff's physiological views of the influence of "a good sherris-sack" in overcoming mental sterility, appear to be well understood, and are, it is to be feared, too often adopted literally, without questioning even their morality. Indeed, the most rigid moralist will find it difficult to deny entirely the physiological truths expressed in the jests of the fat knight. Speaking of Prince John, and contrasting him with Prince Henry, he says:

"This same young, sober-blooded boy doth not love me; nor a man can not make him laugh; but that's no marvel, he drinks no wine. There's never any of these demure boys come to any proof; for their drink doth so overcool their blood, and making many fish meals, that they fall into a kind of male green-sickness; * * * * * they are generally fools and cowards; which some of us should be, too, but for inflammation. A good sherris-sack hath a two-fold operation. It ascends me into the brain; dries me there all the foolish, and dull, and crudy vapors which environ it: makes it apprehensive, quick, forgetive, full of nimble, fiery, and delectable shapes; which delivered o'er to the voice (the tongue) which is the birth, becomes excellent wit. The second property of your excellent sherris is the warming of the blood; which, before cold and settled, left the liver white and pale, which is

the badge of pusillanimity and cowardice: but the sherris warms it, and makes it course from the inwards to the parts extreme. It illumineth the face; which, as a beacon, gives warning to all the rest of the little kingdom, man, to arm; and then the vital commoners, and inland, petty spirits, muster me all to their captain, the heart; who, great, and puffed up with this retinue, doth any deed of courage: and this valor comes of sherris: so that skill in the weapon is nothing without sack: for that sets it a-work: and learning, a mere hoard of gold, kept by a devil; till sack commences it, and sets it in act and use. Hereof comes it that Prince Harry is valiant: for the cold blood he did naturally inherit of his father, he hath, like lean, sterile, and bare land, manured, husbanded, and tilled, with excellent endeavor of drinking good, and good store of fertile sherris; that he has become very hot and valiant."

So convinced, apparently, is the worthy knight of the importance of his physiological views respecting the influence of sack upon the human economy, that he concludes his encomiums by declaring that, "If I had a thousand sons, the first human principle I would teach them should be, to forswear their potations and addict themselves to sack."

There is nothing in nature more curious and inexplicable than the influence on the circulating fluids, and through these on the brain and its functions, of various narcotic drugs. Among these, opium, and *Cannabis Indica*, or Indian hemp, occupy the most prominent place. No reflective person can look into the writings of Coleridge, De Quincey, or Bayard Taylor, each of whom has experienced the effects of these drugs in their own persons, and graphically described their sensations, thoughts, feelings, and dreams, while under their influence, without being struck with awe and astonishment at the modifying and disturbing influences which these substances exert upon that mysterious connection which exists between the mind and the material medium through which it manifests itself. Take the following, for example, from the *Confessions of an English Opium-Eater*, which, not only for grandeur of description, but for psychological interest, is unsurpassed by any thing in the English language.

"The dream commenced with music which I now often hear in dreams—a music of preparation and of awakening suspense; a music like the opening of the Coronation Anthem, and which, like *that*, gave the feeling of a vast march—of infinite cavalcades filing off—and the tread of innumerable armies. The morning was come of a mighty day—a day of crisis and of final hope for human nature, then suffering some mysterious eclipse, and laboring in some dread extremity. Somewhere, I knew not where,—somehow, I knew

not how,—by some beings, I knew not whom,—a battle, a strife, an agony, was conducting—was evolving like a great drama, or piece of music; with which my sympathy was the more insupportable from my confusion as to its place, its cause, its nature, and its possible issue. I, as is usual in dreams (when, of necessity, we make ourselves central to every movement), had the power, and yet had not the power, to decide it. I had the power, if I could raise myself, to will it; and yet again had not the power, for the weight of twenty Atlantics was upon me, or the oppression of inexpiable guilt.

"Deeper than ever plummet sounded, I lay inactive. Then, like a chorus, the passion deepened. Some greater interest was at stake,—some mightier cause than ever yet the sword had pleaded, or trumpet had proclaimed. Then came sudden alarms; hurrying to and fro: trepidations of innumerable fugitives—I knew not whether from the good cause or the bad: darkness and lights: tempest and human faces: and, at last, with a sense that all was lost, female forms, and the features that were worth all the world to me, and but a moment allowed,—and clasped hands, and heart-breaking partings, and then everlasting farewells! and, with a sigh, such as the caves of hell sighed when the incestuous mother uttered the abhorred name of death, the sound was reverberated—everlasting farewells! and again, and yet again, reverberated everlasting farewells! And I awoke in struggles, and cried aloud, 'I will sleep no more!'"

What a startling picture is that drawn above of a mental state induced by this extraordinary drug!

The influence upon the mental faculties of *Haschisch*, or Indian hemp, when taken in large doses, is no less extraordinary than that of opium.

That accomplished young traveler, Bayard Taylor, when in Damascus, "prompted," as he says, "by that insatiable curiosity which led him to prefer the acquisition of all lawful knowledge through the channel of his own experience," was induced to make a trial of this extraordinary drug. Not knowing the strength of the preparation he employed, he found himself, shortly after taking the second dose, more thoroughly and completely under the influence of the drug than was either pleasant or safe; and to this accident we are indebted for one of the most interesting chapters in his work—"The Visions of *Haschisch*," a chapter of as much psychological interest as any to be found in the whole range of modern literature.* The straight-forward manner in which Mr. Taylor describes his sensations, and the air of truthfulness which pervades, not only this chapter, but the entire work, does away with all scepticism in the mind of the reader as to

* *The Lands of the Saracen.* New York: Putnam and Co. 1856.

the accuracy of his descriptions. As I am not aware that Mr. Taylor's book has been previously noticed in this JOURNAL, I shall make free use of his chapter on the Visions of Haschisch in concluding this notice of the external agencies which operate on the mind through the medium of the circulation, thanking the author at the same time for his most interesting psychological contribution.

Speaking of the milder influence of the drug, which he experienced the first time he experimented upon himself with it, he says:

"The sensations it produced were those, physically, of exquisite lightness and airiness—mentally, of a wonderfully keen perception of the ludicrous in the most simple and familiar objects. During the half-hour in which it lasted, I was at no time so far under its control that I could not with the clearest perception study the changes through which I passed. I noted with careful attention the fine sensations which spread through the whole tissue of my nervous fibre, each thrill helping to divest my frame of its earthly and material nature, until my substance appeared no heavier than the vapors of the atmosphere, and while setting in the calm of the Egyptian twilight, I expected to be lifted up and carried away by the first breeze that should ruffle the Nile."

Even those around him at this time assumed, he says, a most whimsical and absurd expression, so much so that he was provoked into a long fit of laughter. "The hallucination," says he, "died away as gradually as it came, leaving me overcome with a soft and pleasant drowsiness, from which it sank into a deep and refreshing sleep."

Speaking of the effects of the stronger dose, he says: "The same fine nervous thrill of which I have spoken suddenly shot through me. But this time it was accompanied with a burning sensation at the pit of the stomach; and, instead of growing upon me with the gradual pace of healthy slumber, and resolving me, as before, into air, it came with the intensity of a pang, and shot throbbing along the nerves to the extremities of my body. The sense of limitation—the confinement of our senses within the bounds of our own flesh and blood—instantly fell away. The walls of my frame were burst outward, and tumbled into ruin; and, without thinking what form I wore—losing sight even of all idea of form—I felt that I existed throughout a vast extent of space. The blood pulsed from my heart, sped through uncounted leagues before it reached my extremities; the air drawn into my lungs expanded into seas of limpid ether, and the arch of my skull was

broader than the vault of heaven. Within the concave that held my brain were the fathomless deeps of blue : clouds floated there, and the winds of heaven rolled them together : and there shone the orb of the sun. It was—though I thought not of that at the time—*like a revelation of the mystery of Omnipresence.*"

"In the state of mental excitement in which I was then plunged, all sensations, as they rose, suggested more or less coherent images. They presented themselves to me in a double form—one physical, and, therefore, to a certain extent, tangible ; the other, spiritual, and revealing itself in a succession of splendid metaphors. The physical feeling of extended being was accompanied by the image of an exploded meteor, not subsiding into darkness, but continuing to shoot from its centre, or nucleus—which corresponded to the burning spot at the pit of the stomach—incessant adumbrations of light that finally lost themselves in the infinity of space."

Being now fully under the influence of the drug, he says : "The thrills which ran through my nervous system became more rapid and fierce, accompanied with sensations that steeped my whole being in unutterable raptures. I was encompassed by a sea of light, through which played the pale, harmonious colors which are born of light."

In the midst of this, he suddenly found himself transported to the foot of the great pyramid of Cheops ; and the desire to ascend immediately placed him upon the top of it, and casting his eyes downward, to his astonishment saw that it was built, not of limestone, but of huge square plugs of Cavendish tobacco ! "Words," says he, "cannot express the overwhelming sense of the ludicrous which I then experienced. I writhed on my chair in an agony of laughter, which was only relieved by the vision melting away like a dissolving view, till, out of my confusion of indistinct images, and fragments of images, another and more wonderful vision arose. The more vividly I recall the scene which followed, the more carefully I restore its different features, and separate the different threads of sensation which it wove into one gorgeous web, the more I despair of representing its exceeding glory. I was moving over the desert, not upon the rocking dromedary, but seated in a barque made of mother-of-pearl, and studded with jewels of surpassing lustre. The sand was of grains of gold, and my keel slid through them without jar or sound. The air was radiant with excess of light, though no sun was to be seen. I inhaled the most delicious perfumes, and harmonies, such as Beethoven may have heard in dreams,

but never wrote, floated around me. The atmosphere itself was light, odor, music; and each and all sublimated beyond any thing the sober senses are capable of receiving. Before me, for a thousand leagues it seemed, stretched a vista of rainbows, whose colors gleamed with the splendor of gems; arches of living amethyst, sapphire, emerald, topaz, and ruby. By thousands and tens of thousands they flew past me as my dazzling barque sped down the magnificent arcade; yet the vista still stretched as far as ever before me. I reveled in a sensuous elysium, which was perfect because no sense was left ungratified. But, beyond all, my mind was filled with a boundless feeling of triumph. My journey was that of a conqueror—not of a conqueror who subdues his race, either by love or by will, for I forgot that man existed, but one victorious over the grandest yet subtlest forces of nature. The spirits of light, color, sound, and motion were my slaves, and, having these, I was master of the universe."

Speaking of his sensations, the author says: "They took a warmth and glow which degrades not, but spiritualizes and ennobles our material part, and which differs from cold, abstract, intellectual enjoyment as the flaming diamond of the Orient differs from the icicle of the North. Those finer sensations, which occupy a middle ground between our animal and intellectual appetites, were suddenly developed to a pitch beyond what I had ever dreamed, and being thus alone, and the same time gratified to the full extent of their preternatural capacity, the result was a single harmonious sensation, to describe which, human language has no epithet.

"Mahomet's paradise, with its palaces of ruby and emerald, its airs of musk and cassia, and its rivers, colder than snow and sweeter than honey, would have been a mean terminus for my arcade of rainbows. Yet, in the character of this paradise, in the gorgeous fancies of the *Arabian Nights*, in the glow and luxury of all Oriental poetry, I now recognize more or less of the agency of haschisch.

"The fullness of my rapture expanded the sense of time, and though the whole vision was not more than five minutes in passing through my mind, years seemed to have elapsed while I shot under the dazzling myriads of rainbow arches. By and by, the rainbows, the barque of pearl and jewels, and the desert of golden sand vanished, and, still bathed in light and perfume, I found myself in a land of green and flowering lawns, divided by hills of gently undulating outline. But, although the vegetation was the richest of earth, there were

neither streams nor fountains to be seen ; and the people who came from the hills, with brilliant garments that shone in the sun, besought me to give them the blessing of water. Their hands were full of branches of the choral honeysuckle, in bloom. These I took, and breaking off the flowers, one by one, set them in the earth. The slender, trumpet-like tubes immediately became shafts of masonry and sank deep into the earth ; the lip of the flower changed into a circular mouth of rose-colored marble, and the people leaning over its brink, lowered their pitchers to the bottom with cords and drew them up again, filled to the brim, and dripping with honey."

The following, as bearing upon Dr. Wigan's doctrine of duality of the brain, is peculiarly interesting,—in fact, almost all which follows in the chapter is so much so, in a psychological point of view, that no excuse is necessary for transcribing it almost entire for the pages of a journal devoted to that subject. "The most remarkable feature of these illusions," says Mr. Taylor, "was, that at the time when I was most completely under their influence, I knew myself seated in the tower of Antonio's Hotel, in Damascus; knew that I had taken haschisch, and that the strange, gorgeous, and ludicrous fancies which possessed me were the effect of it. At the very same instant that I looked at the valley of the Nile from the pyramid, slid over the desert, or created my marvelous wells in that beautiful pastoral country, I saw the furniture of my room, its mosaic pavement, the quaint Saracenic niches in the walls, the pointed and gilded beams of the ceiling, and the couch in the recess before me, and my two companions watching me, while I was given up to the magnificent delusion. I saw its cause, and felt its absurdity most clearly. Metaphysicians say that the mind is incapable of performing two operations at the same time, and may attempt to explain this phenomenon by supposing a rapid and incessant vibration of the perceptions between the two states. This explanation, however, is not satisfactory to me. I was conscious of two distinct conditions of being in the same moment. Yet, singular as it may seem, neither conflicted with the other. My enjoyment of the visions was complete and absolute, undisturbed by the faintest doubt as to their reality, while, in some other chamber of my brain, reason sat coolly watching them, and heaping the liveliest ridicule on their fantastic features. One set of nerves was thrilled with the bliss of the gods, while another was convulsed with unquenchable laughter at that very bliss. My highest ecstasies could not bear down

and silence the weight of my ridicule, which, in its turn, was powerless to prevent me from running into other and more gorgeous absurdities. I was double, not swan and shadow, but rather sphinx-like—human and beast—a true sphinx. I was a riddle and a mystery to myself.

"The drug, which had been retarded in its operation, on account of having been taken after a meal, now began to make itself more powerfully felt. The visions were more grotesque than ever, but less agreeable; and there was a painful tension about my whole nervous system, the effect of over stimulus. I was a mass of transparent jelly, and a confectioner poured me into a twisted mould. I threw my chair aside and writhed and tortured myself for some time to force myself into the mould. At last, when I had so far succeeded that only one foot remained outside, I was lifted 'off', and another mould, of still more crooked and intricate shape, substituted. I have no doubt that the contortions through which I went to accomplish the end of my gelatinous destiny would have been extremely ludicrous to a spectator, but to me they were painful and disagreeable. The sober half of me went into fits of laughter over them, and through that laughter my vision shifted into another scene. I had laughed until my eyes overflowed profusely: every drop that fell immediately became a large loaf of bread, and tumbled upon the shop-board of a baker in the bazaar at Damascus. The more I laughed the faster the loaves fell, until such a pile was raised about the baker that I could hardly see the top of his head. 'The man will be suffocated!' I cried; 'but if he were to die I cannot stop.'"

The author now proceeds to describe the sensations which accompanied the reaction which followed the foregoing state, and his description is profoundly interesting, as showing the depths of mental and spiritual woe into which this drug is capable of plunging its votaries; for it would appear that the blissful elysium to which it elevates is succeeded by a state the very opposite, and one which equals in the intensity of its horrors all that the mind can conceive of the tortures of the damned.

"My perceptions," he continues, "now became more dim and confused. I felt that I was in the grasp of some giant force, and in the glimmering of my fading reason grew earnestly alarmed, for the terrible stress under which my frame labored increased every moment. A fierce and furious heat radiated from my stomach throughout my

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"My perceptions," he continues, "now became more dim and confused. I felt that I was in the grasp of some giant force, and in the glimmering of my fading reason grew earnestly alarmed, for the terrible stress under which my frame labored increased every moment. A fierce and furious heat radiated from my stomach throughout my

system; my mouth and throat were as hard and dry as if made of brass; and my tongue, it seemed to me, was a bar of rusty iron. I seized a pitcher of water and drank long and deeply; but I might as well have drank so much air, for not only did it impart no moisture, but my palate and throat gave me no intelligence of having drank at all. I stood in the centre of the room brandishing my arms convulsively, and heaving sighs that seemed to shatter my whole being. 'Will no one,' I cried, in distress, 'cast out this devil that has possession of me?' I no longer saw the room nor my friends, but I heard one of them saying, 'It must be real: he could not counterfeit such an expression as that: but it don't look much like pleasure.' Immediately after there was a scream of the wildest laughter, and my countryman sprang upon the floor, exclaiming, 'O, ye gods, I am a locomotive!' This was his ruling hallucination, and for the space of two or three hours, he continued to pace to and fro with a measured stride, exhaling his breath in violent jets, and, when he spoke, dividing his words into syllables, each of which he brought out with a jerk, at the same time turning his hands at his sides, as if they were the cranks of imaginary wheels. 'I had now,' says he, 'passed through the paradise of haschisch, and was plunged at once into its fiercest hell, paying a frightful penalty for my curiosity. The excited blood poured through my frame with a sound like the roaring of mighty waters. It was projected into my eyes until I could no longer see; it beat thickly in my ears, and so throbbed in my heart that I feared my ribs would give way under its blows. I tore open my vest, placed my hand over the spot, and tried to count the pulsations; but there were two hearts—one beating at the rate of a thousand beats in the minute, the other with a slow, dull motion. My throat, I thought, was filled to the brim with blood, and streams of blood were pouring from my ears. I felt them gushing, warm, down my cheeks and neck. With a maddened, desperate feeling, I fled from the room and walked over the flat, terraced roof of the house. My body seemed to shrink and grow rigid as I wrestled with the demon, and my face, too, became wild, lean, and haggard. * * * Involuntarily I raised my hand to feel the leanness and sharpness of my face. Oh, horror! the flesh had fallen from my bones, and it was a skeleton head I carried on my shoulders. With one bound I sprang to the parapet and looked down into the silent court-yard, then filled with the shadows thrown into it by the sinking moon. 'Shall I cast myself down headlong?' was the question I

proposed to myself; but though the horror of the skeleton delusion was greater than my fear of death, there was an invisible hand at my breast which pushed me away from the brink. I made my way back to the room in a state of the keenest suffering. My companion was still a locomotive rushing to and fro, and jerking out his syllables with the disjointed accent peculiar to a steam-engine. His mouth had turned to brass, like mine, and he raised the pitcher to his lips in the attempt to moisten it, but before he had taken a mouthful set the pitcher down again with a yell of laughter, crying out, 'How can I take water into my boiler while I am letting off steam ?'

"But I was too far gone to feel the absurdity of this or his other exclamations. I was sinking deeper and deeper into a fit of unutterable agony and despair; for, although I was not conscious of real pain in any part of my body, the cruel tension to which my nerves had been subjected, filled me through and through with a sensation of distress which was far more severe than pain itself. In addition to this, the remnant of will with which I struggled against the demon became gradually weaker, and I felt that I should soon be powerless in his hands.

"Every effort to preserve my reason was accompanied by a pang of mortal fear, lest what I now experienced was insanity, and would hold mastery over me forever. The thought of death, which also haunted me, was far less bitter than this dread. I knew that in the struggle that was going on in my brain I was borne fearfully near the dark gulf, and the thought that at such a time both reason and will were leaving my brain, filled me with an agony, the depth and blackness of which I should vainly attempt to portray.

"I threw myself on my bed, with the excited blood still roaring wildly in my ears—my heart throbbing with a force that seemed to be rapidly wearing away my life, my throat dry as a potsherd, and my stiffened tongue cleaving to the roof of my mouth—resisting no longer, but awaiting my fate with the apathy of despair. * * * * After a time my senses became clouded and I sank into a stupor. As near as I can judge, this must have been three o'clock in the morning, rather more than five hours after the haschisch had began to take effect. I lay thus all the following day and night in a state of gray, blank oblivion, broken only by a single wandering gleam of consciousness. I remembered hearing the voice of Francois. He told me I arose, attempted to dress myself, drank two cups of coffee, and then fell back

into the same death-like stupor; but of all this I did not retain the least knowledge. On the morning of the second day, after a sleep of thirty hours, I awoke again to the world with a system utterly prostrate and unstrung, and a brain clouded with the lingering images of my vision. I knew where I was, and what had happened to me, but all that I saw still remained unreal and shadowy. There was no taste in what I ate—no refreshment in what I drank, and it required a painful effort to comprehend what was said to me, and return a coherent answer.

"My friend, who was further advanced in his recovery, accompanied me to the adjoining bath, which I hoped would restore me. It was with the greatest difficulty that I preserved the outward appearance of consciousness. In spite of myself, a veil now and then fell over my mind, and after wandering for years, as it seemed to me, in some distant world, I awoke with a shock to find myself in the receiving halls of the bath."

The menials, he remarked, seemed to understand his condition, for, after leaving the bath, a glass of very acid sherbet was given him, which afforded instant relief. Yet for two or three days he was subject to involuntary fits of absence, which made him "insensible for the time being to all that was passing around." "I walked the streets of Damascus with a strange consciousness that I was in some other place at the same time, and with a constant effort to reunite my clouded perceptions." He remarks, in conclusion, that, "Fearful as the rash experiment proved to me, I did not regret having made it. It revealed depths of rapture and suffering which the natural faculties never could have sounded. It has taught me the majesty of human reason even in the weakest, and the awful peril of tampering with that which assails their integrity, and I have here faithfully and fully written out my experience on account of the lesson it may convey to others."

The extent to which I have indulged in extracting from this most interesting chapter in Mr. Taylor's altogether interesting and valuable work, precludes the possibility of touching upon some other points in this connection. These, together with the internal agencies before alluded to, as affecting the mental manifestations through the medium of the circulatory fluids, must be reserved for a future number.

HOMICIDE IN WHICH THE PLEA OF INSANITY WAS INTERPOSED.*

THE MURDER.

Joseph Brown entered his own house on the morning of the 16th of April, shortly after breakfast, where his wife, Ann Brown, was engaged at the table with her domestic duties. She, together with her daughter, a little girl, aged twelve years, were the only persons present. He went to his daughter, and taking from his pocket his wallet, containing twenty dollars, gave it to her. On turning towards his wife she kindly said to him, "Joseph, I am afraid of you," on which he immediately seized a long, sharp knife (used about the house to cut shavings) with one hand, and with the other threw her upon the floor; while in this position, lying upon her back, he cut her throat, severing the jugular vein, from which she shortly died.

HISTORY.

The prisoner was about forty years of age, of dark complexion, genteel appearance, and his countenance exhibited little of the fiend-like disposition manifested in the deed with which he was charged. He had the reputation of being a laborious man, was married, with two children living. He was a member of the Baptist church, and had been in the habit of taking a prominent part in its religious exercises, where his public speaking was loud and vehement. His religious exhortations, though apparently very earnest, were strangely inconsistent with other manifestations of his character. For twenty years he had been accustomed to more or less indulgence in stimulants; and whatever may have been his early disposition, it gradually grew to be irritable. Many persons, who had been acquainted with him a number of years, knew him to be intemperate and quarrelsome. His disposition was particularly exhibited toward his wife, who was a feeble woman;

* Trial of Capt. Joseph J. Brown, of Isleborough, in the county of Waldo, Maine, for the murder of his wife, Ann, on the 16th of April, 1856, in which the plea of insanity was the defense. Held at Belfast, Me., before the SUPREME JUDICIAL COURT, JUDGE MAY PRESIDING.

yet he provided for the ordinary family necessities, and manifested in them a general interest.

The mother of Ann Brown went to live with her nine years prior to the murder, and continued with her till the spring of 1855. During her residence she witnessed, not only the irritable disposition of the prisoner toward his wife, but, on several occasions, the infliction of physical abuse. Three years previous to the death of his wife he struck her with his fist; and again, on another occasion, while she was sitting at dinner, her husband kicked her from the chair, and she fell upon the floor. They had not spoken to each other in such a way as to provoke any assault. One year afterwards, and without provocation from words, she was again the victim of an assault, in being kicked from her chair upon the floor. The prisoner, on this occasion, was about to leave his home, to be absent several days. In a few moments he returned with a pair of boots, and with one of these repeated his violence by inflicting three or four blows upon her head. He left the house and returned for the second time, and gave his little daughter some pieces of money. This occurred without any evidence of his having been influenced by stimulants, and without being excited by any unpleasant conversation.

On another occasion Mrs. Brown was obliged to flee from the house, in consequence of her fear that the many threats of violence would be put in execution. The frequency of these, together with the general irritable disposition of the prisoner, obliged Mrs. Brown's mother at length permanently to leave the house. The exhibition of this disposition, as well as the general abuse of his wife, was manifest to the friends and neighbors, who testified, on the trial, to its existence.

HEREDITARY PREDISPOSITION.

The grandfather of Joseph Brown was subject to periods of depression at the age of 52; and on one occasion nearly succeeded in committing suicide, by cutting his throat. At this time he was said to be unable to conduct his business; yet he was afterwards able to be about his residence, and to go at large with safety. This occurrence followed a period of sickness. The grandmother lived to be over seventy years of age, and during the latter part of her life was demented and under the care of legal guardians. The mother was passionate and irritable, and her peculiarities were the subject of remark by her neighbors. She died of tubercular disease, at the age of forty-seven years. An uncle was

found drowned under such circumstances as to furnish the impression that he had committed suicide. A brother had an attack of fever, which was followed by mental aberration, continuing several months after.

CONDUCT OF BROWN ANTECEDENT TO THE MURDER.

With the exception of the prisoner's conduct toward his wife, detailed in the history given above, nothing very special in his history occurred to attract public attention to his condition, until about three weeks before the murder. He went to his brother's house, with whom he had some business transaction, and while there, became turbulent, and used improper language to his wife; applying to her opprobrious epithets. At length, on being ordered to leave the premises, he seized his brother by the neckcloth. Assistance being at hand, he released his hold, laughed heartily, and left the house. The door was then fastened, on which he returned, broke it open, threatening violence, and, after alarming the family with his strange actions, left the house, running rapidly a distance of several hundred feet. Here he ran around in the direction of a circle, and, going to the centre of it, he was seen to raise his hands in the air and walk away. His family were unable to account for this occurrence, and it does not appear he was intoxicated at the time.

The only conversation or manifestation which had the appearance of delusion on the part of the prisoner, was on the twelfth of April, when he told his physician and his wife's friends of his belief in her infidelity. A charge similar to this, and without foundation, seems to have been occasionally made before her, and led, on one occasion, to an assault. On two occasions on which this declaration was made he was evidently intoxicated.

On Saturday, the 12th of April, Brown was observed drinking rum. On Monday he went to Belfast for the purpose of purchasing meal, sugar, and tea, and procuring the services of a physician to visit a sick child. The captain of the vessel who carried him from Isleborough to Belfast, the grocer of whom he made his purchases, and the physician upon whom he called, perceived him to be intoxicated. He indulged freely in the use of stimulants on his return to Isleborough, and also brought with him a quantity in a jug, which he drank.

Early on Tuesday morning he returned home. His daughter, who was sleeping with her mother, got up, and Brown retired with his wife. During the morning he went with his wife to the house of his brother.

in-law, and took a seat there, showing no disposition to engage in conversation. He got up and left the house several times, and when asked why he appeared so strangely, repeated the charge he had before made of his wife's infidelity, but without any exhibition of indignation or excitement. At dinner he took nothing but a cup of tea; and when about to return home, shortly after, asked his wife to accompany him, which she refused to do, unless accompanied by some person for protection. He then left alone. Mrs. Brown's sister accompanied her home, and remained with her during the night. Brown's manner was restless and uneasy, so much so that his friends inferred he was intoxicated, and had been without sleep.

Tuesday afternoon, Brown called at the house of Capt. Warren, who had charge of a vessel sailing between Isleborough and Belfast, and inquired whether he brought the provisions he had purchased from Belfast. He was then on his way to Belfast, but, before going, placed the following inscription, on paper, upon the door of his own house: "*Farewell, house, wife, and blessed little children. May God bless you.*" On arriving at Belfast he partook of a supper, and, according to his own statement, drank one quart of gin before he retired at night. About two o'clock, Wednesday morning, he awoke suddenly, and immediately set out for Isleborough.

On Wednesday, between six and seven in the morning, Brown returned to Isleborough. He called at the house of a neighbor to request him to draw his purchased articles home. At another house where he called, he requested some stimulus, complaining of feeling badly. Here he twice drank some liquor, and proceeded toward his house. The two persons upon whom he had called did not mention any special appearance as characterizing his actions. He arrived home a short time after his sister-in-law had left, and committed the murder under the circumstances detailed above.

CONDUCT OF BROWN IMMEDIATELY AFTER THE MURDER.

After the commission of the murder, Brown left his house, and was seen by his neighbors running toward a bluff, seventy feet high, projecting over the sea. They were attracted by his manner, and the direction he was going, and pursued him. On his way, and while running, he took off his coat, and, when about to leap from the rock, his niece, a little girl, took hold of him, screamed loudly, and said if he jumped from the bluff she would throw a rock upon his head. On

his way to the bluff he cried out to his sister, who was in pursuit also, to go to his house. Brown passed down by the side of the bluff to the shore, followed by three persons, and by this way to his house, from which he had then been absent about fifteen minutes. On entering, he picked up the knife, still bloody, which was secreted under the door-step, and, without noticing the persons present, or his children, went to the body of his wife and said, "Be you dead, Ann?" On leaving the house a second time, he went toward the shore, and, taking a small boat he found there, rowed out in great haste among the numerous islands that lie contiguous to Isleborough.

After he had proceeded three or four miles, he was pursued and intercepted. When he recognized his pursuers in the boat, he pulled toward them till he came within a few rods of them, then rose up in the boat, and called to them to turn and go back, as he himself was going back. He was observed to have about his neck a rope, to which was attached a heavy stone, which he raised from the bottom of the boat and placed upon the seat. He asked one of the men in the boat if his wife was dead, and receiving an evasive answer, replied, "Yes, she is, for I killed her; but she killed me first. I have lived long enough; I don't mean to live any longer, and I now commit my body to the waves. Take good care of my children. If I come up, you may pick me up and save my life, if you have a mind to." He then jumped into the water with the stone attached to his neck. Coming to the surface, he swam directly to the boat, and was rescued in an exhausted condition, and with some difficulty in consequence of the great weight of the stone. Every exertion he was able to make was in aid of those who were endeavoring to get him out of the water.

As the boat approached the shore, Brown called the attention of the party to the bluff, from which he had intended to cast himself; and while their attention was thus called away, he precipitated himself into the water. As he rose to the surface, a distance of twenty-five feet from the boat, he used his utmost exertion to regain it. There was no further attempt at self-destruction, and, without any resistance, he was placed in the jail to await his trial.

THE TRIAL.

The prosecution called the daughter of the prisoner, a neighbor who identified the body of Mrs. Brown, and the coroner who held the inquest upon her remains, to establish their cause. The defense pro-

duced thirty-seven witnesses, who testified to various incidents in the prisoner's life, the hereditary predisposition to insanity, and to his conduct prior to and succeeding the murder, as going to establish his insanity. The testimony of the only expert produced upon the trial is here given, nearly complete.

Dr. Henry M. Harlow sworn.—“I am the superintendent of the Insane Hospital at Augusta. I have been engaged in an asylum for the insane twelve years. Insanity is inherited and transmitted. The existence of partial insanity is recognized, in contradistinction to general insanity. Delusion and hallucination is the belief in the existence of any thing which may have no foundation, and which inability to perceive correctly is the result of disease. Delusion pertains to conditions of the mind—hallucination to the senses. Both frequently exist together. Jealousy is a frequent symptom of insanity. I have seen cases of insanity caused by jealousy, and have also seen cases where jealousy was a delusion—a symptom of insanity. The indication of jealousy, when a delusion, is to accuse the object of it with infidelity. An insane man can not be persuaded to sacrifice his delusion. A person laboring under a delusion of jealousy might be led to the commission of homicide in consequence of it.

“Inherited insanity is not always developed with the same manifestations as in the ancestors. The use of ardent spirits, as well as the excessive use of tobacco, would aggravate the disease. A person with a homicidal propensity would not probably commit murder while in a state of intoxication, but would be more liable to it immediately after it passed away, and while depressed. One of the most common symptoms of insanity is the inclination to wander about. Suicide is rarely committed by sane men. I put suicide down as one of the most prominent circumstances in making up an opinion of a case of insanity. Homicidal insanity usually is incited without preparation or premeditation. Suicides usually occur secretly. The best writers recognize the existence of the *insane impulse*. If a man should commit a homicide in a sudden manner, without preparation, and in the presence of witnesses, the existence of insanity would be suspected. Persons of a homicidal tendency are often aware of the propensity, and call for care and protection.

“The existence of insanity would be strongly suspected in the case of a person who inherited the disease, who was accustomed to the use of stimulants, and who had been deprived of his customary rest at

night. Capacity to attend to business is not incompatible with the existence of insanity. The accidental presence of a weapon would tend to incite the insane impulse. The fact that a person is able to recall events in the insane state is not incompatible with insanity.

"The attempt at suicide, the sight of blood, or a plunge in the water might so modify the action of the circulation of the brain as to be followed by an abatement of the disease; so that a person who had attempted suicide might make efforts to save himself."

Cross-examined.—"If an ancestor had labored under insanity, his descendants would inherit the predisposition to it, which would be liable to be developed under the influence of an exciting cause. Suicides, after preparing the rope, or instruments for its accomplishment, often relinquish the design. The large majority of suicides are accomplished under the influence of insanity, though the mere fact of suicide is not conclusive evidence of insanity. A person who had a correct knowledge of a homicide he had committed would not be considered insane. A delusion implies some derangement of the brain; yet a man may have an illusion and not be insane. The actions of a man, prior and subsequent to the act with which he is charged, are necessary to determine his mental state at the time. An insane man, if he talked at all of his trial, would do so freely."

By Attorney-General.—"What would you say as to the sanity or the insanity of a man who had been a habitual drinker of ardent spirits all his life, and on several occasions had abused his wife, kicking her, and threatening her life if she exposed him, and finally committed a murder without any apparent cause, and then fled?"

Answer.—"I should not hesitate to pronounce him insane, provided all the circumstances of the act went to corroborate the existence of disease.

"Continued intoxication would excite insanity, if the predisposition existed. An insane homicide is often the result of an uncontrollable impulse. An insane person may have an immediate return to sanity and may remain well. Insane persons often assign causes for the commission of their crimes. Remorse frequently follows so that they regret their occurrence. They are frequently aware of the presence of the homicidal impulse, where it exists, and ask to be cared for, conscious they may be unable to resist it."

By Attorney-General.—"If a man should say he was perfectly insane, and should say, 'I commit my body to the waves, and if I

come up agin, you may save me if you can,' would you consider him sane or insane?"

Answer.—"I should not consider him insane from these circumstances alone. I should not expect a man who had once attempted to commit suicide, and had changed his mind by reason of the shock, would attempt it again immediately."

To the Court.—"An insane man about to commit suicide by jumping from a precipice would be arrested by a very slight cause—a word might do it."

By Prisoner's Counsel.—"If the testimony in this case is true, as you have heard it, what would you say as to the mental state of the prisoner at the time of the commission of the murder?"

Answer.—"I should say he was insane—that he was laboring under a delusion. I should regard it a clear case of homicidal insanity."

To Attorney-General.—"The prisoner did not probably meditate the murder when he entered his house, and I do not think he knew what he was doing, or was sensible of the consequences of his act, but came to his senses immediately after, sufficiently so as to realize what he had done. Insane homicides usually select their victims from among their most intimate friends, and the extent of the danger would depend very much upon the nature of their delusions."

Judge May, in his charge to the jury, said: "In all the remarks which I have thus far submitted to your consideration, I have made them upon the assumption that the prisoner was a sane man at the time of the perpetration of the deed. I have done so, not because I intended to express any opinion, if I have any, in view of all the evidence in the case, but because, by law, every person who has arrived at the age of fourteen years, is presumed to have common discretion and understanding, until the contrary is made to appear.

"The defense is placed mostly, if not wholly, upon the ground that the prisoner, at the time when he committed the act, was so insane as not to be responsible for his acts. This is an important question, and you must decide it from the whole evidence in the case.

"The prisoner is to be presumed to have been sane and to have possessed a sufficient degree of reason to be responsible for his crimes, until the contrary be proved to your satisfaction. And the burden of proof is upon him to overcome this presumption, and to establish this defense. It must be satisfactorily proved, that, at the time of committing

the act, he was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, he must have been so demented as not to know that what he was doing was wrong. He is not to be excused from responsibility, if he had capacity and reason sufficient to enable him to distinguish between right and wrong as to the particular act he was then doing;—a knowledge and consciousness that the act he was then doing was wrong and criminal, and would subject him to punishment. To be responsible, he must have had, at the time of the act, sufficient power of memory to recollect the relation in which he stood to others, and in which others stood to him; and to know that the act he was then doing was contrary to the plain dictates of justice and right, injurious to others, and a violation of the dictates of duty. On the contrary, although he might have been laboring under partial insanity, if he, notwithstanding, understood the nature and character of the act, and its consequences, and had a knowledge that it was wrong and criminal, and a mental power sufficient to apply that knowledge to his own case, and to know that if he did the act he would do wrong and receive punishment, such partial insanity is not sufficient to exempt him from responsibility for his criminal act. If, then, it is proved to your satisfaction, that the mind of the prisoner was in a diseased and unsound state at the time when the act was committed, the question is whether the disease existed to so high a degree that for the time being it overwhelmed his reason, conscience, and judgment; and whether the prisoner, in committing the homicide, acted from an irresistible and uncontrollable impulse—called, by Dr. Harlow, an insane impulse. If he did so act, then the act was not that of a voluntary agent, but the involuntary act of the body without the concurrence of a mind directing it, and he is not responsible for it. He must have had intelligence and capacity enough to have had a criminal intent and purpose; and if his reason and mental powers were either so deficient that he had no will, no conscience or controlling mental power; or if, through the overwhelming violence of mental disease, his intellectual power was for the time being obliterated, then he was not responsible for his acts, and is not punishable for criminal acts done under such circumstances.

“The insanity relied on in this case I understand to be a partial insanity, consisting of a suicidal or homicidal tendency, accompanied by a delusion or hallucination, springing from an insane jealousy.

Whether this be so or not, is a question which you are to determine from the whole evidence in the case ; and, if it existed, whether it so far overwhelmed his reason and conscience that, at the time he did the act, he had not a guilty knowledge of what he was doing. These may be difficult questions, and the difficulty arises from the little knowledge we have of the operations and diseases of the mind. We can know nothing of the mind except from the development of its thoughts and its acts. It is by these that we measure the intellectual strength and capacity of men, and are thereby enabled to decide whether a man is great or small. So it is only by the manifestations of the mind that we can tell whether, in fact, *the mind is diseased or not.*

"There is much testimony in this case in relation to the habits of the prisoner in regard to temperance. The tendency of intoxicating drinks to influence the mind and destroy its regular functions, if there be any hereditary predisposition to insanity, is well known. * * * * * If a crime is committed by a person in a fit of intoxication, and while it lasts, the temporary insanity, which usually accompanies such intoxication, is no excuse for it. If, then, you are satisfied that the prisoner was in a state of actual intoxication at the time of the commission of the act,—and that intoxication, being voluntary on his part, had so bereft him of his reason that he did not know what he was doing, or the criminality of the act,—then such insanity is no excuse for his crime. This is an exception to the general rule touching insanity ; but before such insanity can be regarded as coming within the exception, it must first be shown that the act was the immediate result of the fit of intoxication, and while it lasted, and not the result of insanity remotely occasioned by previous habits of gross indulgence in spirituous liquors. The law looks to the immediate, and not the remote cause ; and, therefore, if the prisoner, from any cause, was insane when the act was committed, and that insanity was not occasioned by a fit of intoxication then upon him, he should be acquitted—even though it were occasioned by a recent fit of intoxication, or by habits of intemperance which he had voluntarily brought upon himself.

"If you should acquit the prisoner upon the ground of insanity, the law requires you to certify that fact when you return your verdict, and provides that the court shall have power to commit the accused to prison, or the insane hospital until restored to his right reason, or be otherwise discharged by due course of law."

The jury returned, after an absence of thirty minutes, with a verdict of *guilty of murder, in the first degree.*

During the closing ceremony of the trial, the prisoner stood unmoved by any thing around him. When he stood up to receive the sentence of the law, on being asked what he had to say why sentence of death should not be pronounced upon him, he replied, "I have been found guilty of the murder of my wife. If I have killed her, I don't know it. I am glad I killed no other."

We could not but feel, at the time, that the verdict was unjust and inhuman. We have had no cause to change our opinion of the case since the trial. We needed no more evidence to convince us of the insanity of the prisoner than was presented there. The prisoner was sentenced to be hung, and, in accordance with a wise provision in the laws of Maine, directing all persons sentenced to capital punishment to be confined in prison until the Governor shall appoint the time of execution, was sent to the State Prison at Thomaston. While confined there, on the 27th of August, he committed suicide by cutting his throat with a piece of looking-glass. It appears to us the cap-stone was here added to the accumulation in favor of the prisoner's irresponsibility.

H. M. H.

MARRIAGE BETWEEN RELATIVES CONSIDERED AS A CAUSE OF CONGENITAL DEAFNESS.*

Read before the Academy of Medicine, 29th of April, 1856, by M. MÉNIERE, Fellow of the Faculty, Physician of the Imperial Institute for the Deaf and Dumb.

A PERSON is deaf and dumb, is it possible to determine the causes which have produced this fearful calamity? Such is the problem which we would endeavor to solve; but thus stated, and in its vast extent, it admits of expansion far out of all proportion which the Academy accords to physicians desirous of making known the result of their researches. I shall, then, confine the subject within bounds, by elimination, in order to arrive at the principal causes—at those which have, so to speak, a specific character, and which may become the source of efficacious preventive measures.

Let us take, at hazard, a number of one hundred deaf-mutes, from the ages of ten to fifteen; let us select the intelligent, those instructed,

* Translated from *Gazette Médicale de Paris.*

and furnished with papers containing positive information on all points of their history; we shall find that two-thirds of these children heard up to a more or less advanced age, and that they belong to the great class of deaf-mutes arising from accidental causes. We need not occupy ourselves with them here, as the reasons which have destroyed their hearing belong to the department of ordinary pathology.

The remaining third—that is to say, deaf-mutes, having never heard, those who may be regarded as affected with congenital deafness, and, as a consequence, with dumbness—are not deaf to the same degree; there are those among them who are accessible to certain sonorous concussions—who perceive some noises, and even sounds. These slight differences do not affect their general condition; they are the deaf and dumb, whom no medical art can cure; at least hitherto, it has not beneficially modified this state of being. But if therapeutics are insufficient, it is not, therefore, necessary to abandon these unfortunate persons; art may intervene efficaciously in seeking to prevent the evil, and it is the attainment of this desirable end that gives such deep interest to the study of the causes of this malady. There, where therapeutics are at fault, hygiene offers remarkable resources; let us, therefore, endeavor to show that congenital absence of hearing belongs more especially to this great division of the art of curing.

When the parents of a child deaf and dumb from birth are carefully interrogated, so as to ascertain the probable causes of this infirmity, we find the same accidents almost always indicated. The vivid impressions felt by the mother during gestation play the prominent part; but if the knowledge of these facts is insisted upon, in order to appreciate their value, their unimportance is soon comprehended, arranged as they are, for the most part, afterwards. The human mind easily creates circumstances capable of explaining phenomena; it accepts more readily those which are of a mysterious nature, and it clings to them the more closely the less they are to be explained.

We have no reason to deny, absolutely, that the very vivid impressions experienced during pregnancy may exert an unfavorable influence upon the fetus; but as nothing in science has demonstrated to us that causes of this kind have a specific action upon the sense of hearing, we shall not allow ourselves to dwell longer on this point of the controversy.

After the moral impressions come the physical accidents, and mothers often invoke them as the cause of the infirmity of the child. Falls, blows acting directly upon the distended uterus, producing the

cessation, during a longer or shorter time, of the movements of the infant, may have a direct influence upon it; but in what way can this action be injurious to the ears? Why should deafness be the result? Hitherto, nothing has led to the appreciation of such a fact, therefore we are not authorized to take it into account. Hereditary transmission remains; for we are naturally led to believe that the loss, or rather the absence, of an organ like the ear, is the consequence of a primary congenital state, and it is asked if the parents have not themselves a similar infirmity. During a long time, researches, made with a view of throwing light upon this point of the history of deaf-mutes, have furnished a negative result—that is to say, it has been found that children deaf and dumb from birth were born of parents who had the faculty of hearing. But statistical truths are rarely absolute,—figures have ceased to favor this opinion; new facts, closely observed, demonstrate that deaf-mutes have given birth to children deaf and dumb; but I hasten to add that these few facts only constitute an exception to the rule previously indicated.

Observations, instituted with the greatest care, show that the infant during the intra-uterine life, may be affected with cerebral lesion; those who survive these serious maladies, *hydrocéphales*, *microcéphales*, are ordinarily idiots, or paralytics; in some of them there is a want of hearing, but it is less the ear than the brain which is injured,—intelligence is wanting rather than the sense of hearing, in such a way that it is difficult to establish the diagnosis of deafness. However, facts of this kind, although small in number, have a real importance; they show that, in certain cases, the absence of hearing may be the consequence of an organic disease developed before birth. We may even admit that infants totally deaf upon coming into the world, owe this infirmity to cerebral accidents supervening during the intra-uterine existence, and analogy suffices for this; but in many cases no trace of such lesion exists, consequently there is no sufficient reason for recurring to this supposition.

When a pregnancy has, however, been disturbed by serious accidents,—when the movements of the fœtus, before regular, have suddenly made considerable and unusual variations, or have ceased for a long time, we should be authorized to think that the child had been attacked with some serious evil; and if, after birth, the want of hearing should be promptly proved,—if the head should present some anomalous malformation,—or if nothing analogous should be found,—we might

regard deafness as a direct consequence of these accidents; and I know not that the most severe judgment could make any serious objection to this manner of viewing the subject.

In the greater number of cases, those born deaf and dumb can not come under any of the preceding categories. The most careful and persevering researches fail to find, in any of these causes, materials adequate to legitimize the results. It is necessary, then, to go still farther, to mount yet higher,—to the human organism,—and see if there do not exist circumstances calculated to modify it in such a way that certain morbid conditions should manifest the power of these primary causes.

Invincible arguments exist to support the following proposition: *Man, or rather the human species, deteriorates under certain appreciable conditions.* All the world feels that this is true; the history of all ages and of all countries is full of facts, which are of public notoriety; all have seen and known of races of men degenerated, debased,—of families becoming extinct; and science cannot answer, at the present time, the question, to what causes these public and private calamities are to be attributed.

The influence of climate has been more generally cited than any other, because it involves not only the physical, but the moral nature, the diet, and the education, the form of government, and all that constitutes the organization of society.

Let us, however, abandon these speculations, in order to come simply to the statement of certain facts, adequate to furnish legitimate argument; let us examine the statistics of authenticated documents, and find, for example, what countries in Europe contain the largest number of deaf and dumb. Since the commencement of this century, the greater part of the governments, stimulated by the zeal of some generous souls, and at last by public opinion, have sought out calamities in order to afford relief; they have made an inventory, as it were, in this particular; and, by successive examinations, the number of deaf and dumb in each of the central states of the Old World has been ascertained. Official statements have been published in various works. I have indicated some of the principal results in a book printed more than fifteen years ago, and I may add, that since that period they have not sensibly altered.

One general fact is apparent from these documents,—the number of deaf and dumb vary much in each country: sometimes there are one

in every three thousand inhabitants, sometimes one in two thousand, and in certain localities one in two hundred, and even more. These great differences can not be attributed to the inaccuracy of official statements; only want of precision in determining the infirmity can be taken into account. Very often idiots are confounded with the deaf and dumb, but this cause of error is not sufficiently great to vitiate the results of approximate statistics.

If there are countries where there are ten times more deaf and dumb than others, it is impossible not to believe that there exists some local causes capable of producing such a result. Now, these regions so sadly circumstanced are those also which contain the greater number of cretins—those in which the human race manifests the characteristics of the most profound deterioration. Let us endeavor, then, to reach the true source of this public calamity. The average duration of life is not the same in all the countries of Europe. If it attains thirty-eight and forty years among the most hardy nations, and the best provided with all the necessities of existence, it falls to thirty and to twenty-eight in countries less favored in this respect. There, also, the greater number of children die in infancy; there, also, youth is less rich in healthy subjects; and among the adults the number of individuals fit for military service diminish in a considerable proportion. Wherever there are many cretins, wherever the children commonly die before the fourth year, wherever the cases of exemption among the conscripts are numerous in consequence of infirmities, it is there also that we can count the largest number of deaf and dumb. It is impossible to avoid establishing a connection between these facts: they are harmonious; they are all the expressions of a like condition—namely, the deterioration of the species, the diminution of the vitality of individuals.

We thus reach the culminating point of this important question—the determination of the general causes which exercise an unfavorable influence upon the human organism. Among these causes is one which plays a prominent part; it is in some measure recognized by all the world; it forms one of those traditional ideas which time consecrates, which certain laws confirm, which everybody accepts, and which, nevertheless, are not clearly enough defined to give rise to official prescription. I speak of marriage between relatives—consanguinity between husband and wife.

It would not be difficult to discover, in the most ancient, literary, or religious records of nations, traces of this idea. Former legislators have

given rules for the civil constitution of families, and these ordinances are founded upon the consideration of the evils which result from the union of individuals springing from the same origin. The crossing of races is the natural consequence of these practical views; and it must have entered, gradually, into the intelligence of nations, that to intermarry with strangers was a guaranty of the preservation of the human species. But between these vague beliefs and a law there is a wide difference; and it became necessary to place this rule under the protection of Christianity, in order to insure for it all the development of which it was susceptible.

During a long succession of centuries, marriage was absolutely interdicted between all persons related in any degree whatever; the church alone reserving the right to infringe the rule she herself imposed, in rare instances, the value of which she could appreciate. But these vigorous measures were subject, like many other things, to deplorable relaxations, and at this time all trace of these interdictions has disappeared. If ecclesiastical dispensations are still solicited, it is very well understood that there no longer exist any invalidating circumstances, that civil marriage out of respect for individual liberty is authorized to all degrees of consanguinity, and that, with the single exception of his mother or sister, a man may marry whom he will. Religious law must follow the civil law—it bestows the consecration necessary to an act already accomplished; and whatever difficulties it opposes to this union, it must ratify what the civil state has permitted. The consequences of this liberty are deplorable—more deplorable than would be believed, for it is easily demonstrated that here is to be found the principal cause for the deterioration of races. Experience has abundantly proved, that in the work of the reproduction of living beings, whatever place in the scale of nature they may occupy, there are useful conditions which favor the result, insure the vitality of the productions, not only for the present, but the future; for the duration of the species is guaranteed in proportion to the perfection of the individual. Do we not know that in agriculture all the vegetables we plant and cultivate are subject to laws based upon centuries of experience? Is it not the same in domestic economy for the reproduction of all animals useful to man, and do we not obey, in these cases, habits which establish the absolute value of the crossing of the races?

We cannot deny the analogy of functions between all living beings.

It is not necessary to be a great physiologist in order to comprehend that wheat, hemp, maize, all alimentary and textile plants, etc., deteriorate when their seeds are not renewed, and their distribution varied. The most common experience demonstrates that in the animal races the productions, to be healthy, should be the result of the introduction among the herd of foreign blood. Now, why should it not be the same in the human family? If our pride shrinks from such comparisons, we must, nevertheless, submit to them, for they are necessary, and the title of nobility inscribed upon our foreheads does not destroy the tie of parentage which connects us with the rest of creation. Thus man is subjected to the same fatal law which imposes upon all living beings; he can continue in time and space only by the aid of usages which he has in common with all who breathe; and the law of general preservation is for him as for others—the crossing of races, the renewal of the vital agencies.

Those who live in flagrant contradiction to these universal rules will, sooner or later, feel the punishment of their faults, and suffer the disastrous consequences of a practice in opposition to the precepts of experience. Marriage between blood-relations is nowhere of such frequent occurrence as in the localities where are born the greatest number of deaf and dumb. I have before described certain valleys of the canton of Berne, the inhabitants of which, collected in masses, and living almost without any means of communication with neighboring countries, offer all the conditions favorable to these unions between relatives. There, the men marry very young, in order to avoid the troubles and cares of a celibacy without compensation. They marry their cousins, and all the families have been allied for a long time. The children of two brothers, of a brother and of a sister, marry as a matter of expediency, and thus preserve the inheritance intact; consequently, the new family is founded in physical conditions than which nothing could be more injurious. It is in the midst of these isolated populations that we find, in all its hideousness, the degradation of the species, the corruption of the race. There reign cretinism, idiocy, and congenital deafness, to such a degree that the demonstration of the fact I have advanced blazes forth with all its brilliancy. The experiment has been made a long time; it is practiced among the masses; the consequences which flow from it are as clear as they are afflicting; and, finally, it would be to reject all evidence not to recognize in these results the condemnation of such abominable customs.

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That marriage between relatives is one cause of the deterioration of the species is certain; but it may be asked, How can congenital deafness be considered as a proof of the degeneration of the offspring of these unions? I do not pretend to clear up all these mysteries, only it may be said, as a general rule, that the nervous system, which holds the first rank in the human organization, is also that which suffers the most serious injuries: shortness of stature, slowness and imperfection of development, infancy prolonged far beyond its ordinary limits, as M. le docteur Baillarger has so fully proved, and, finally, obtuseness of the senses, and more particularly feebleness, or even want, of hearing, are the disasters which are to be observed in the brain and its dependencies. It is man reduced to a merely negative condition, manifesting only rudimentary traces of intelligence, a sorrowful object of disgust to all except to the unextinguishable tenderness of maternal instinct.

If we are reproached with coloring too highly the features of this picture, of attributing to a single cause this degraded organism, while it may be the result of a rare combination of exceptional circumstances,—it would be easy to prove that it is in nothing exaggerated, and that the practice of marriage between blood-relations is the most important of those which can be invoked in such a case. There exist, in truth, families who, living in the midst of luxury and abundance, watched over with the most enlightened care, offer, nevertheless, the sad spectacle of these infirmities of body and mind. These families, instead of seeking a new element adequate to revivify their exhausted organisms by making foreign alliances, obstinately persist in contracting marriages with branches issuing from the same trunk, perpetually contract the circle instead of enlarging it; concentrating in these intimate unions the double influence of an origin already debilitated, and suffer the laws of degeneration imposed upon all those who walk in this path of perdition. If, in the confined and isolated localities I have mentioned, a man marries his own cousin,—if the uncle marries his niece, because the scarcity of matrimonial elements renders the thing necessary, other considerations dictate the same practice among those especially who occupy the most elevated stations in the social scale. Royal families, environed by motives of policy, subjected to the exigencies of government, or restrained by incentives of a different order,—as the dominant religion of the people over whom they hold sway,—can only select their alliances within a very narrow circle; and thus, in spite of the best-directed care, the royal races become enfeebled under

the fatal influence of these intermarriages among themselves. Some of these unions remain absolutely sterile; others produce miserable offspring, destined to premature death; the intellect is weakened, or imbecility reveals itself, and even idiocy pierces through all the privacy of a respected seclusion; and the people, who willingly believe that all the miseries of life are reserved for them, see with secret contentment that the throne is not exempted from the most cruel sorrows, and that all the happy privileges are not the portion of those who are the sovereigns of the world.

The history of all ages contains terrible lessons of this kind; it is not necessary to recall them; whoever will reflect upon this subject will find in his memory many celebrated examples to the support of this argument, and will rest convinced that in marriage there exist natural incompatibilities; and that in transgressing the law of dispersion of races, the lessening and even the destruction of the species is involved.

In stating thus distinctly this precept of public hygiene, we have for an end the prevention of the development of one of the most deplorable infirmities; we would wish to exhaust at its source the cause of these organic deteriorations, whose secret reveals itself to the attentive observer. Pathological anatomy of the nervous system, with whatever care it may be exercised, does not always show the lesion which determines congenital deafness; but, in taking counsel from experience, we may destroy one of the most prolific causes of this organic imperfection, and we may diminish the number of those unfortunates to whom the most enlightened and conscientious medical science has not hitherto been able to afford the slightest relief. We prevent formidable evils, which would be better still than to cure them; and, finally, families would have no longer to deplore the existence of these imperfect creatures who will rise up in judgment against the improvidence of their authors.

CASES ILLUSTRATING THE PATHOLOGY OF MENTAL

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DISEASE.

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CASE I.

A GENTLEMAN of great mental and physical activity came, in company with his friends, to the State Lunatic Asylum, at Utica, and requested not only the medical care of the institution, but its protection. There was no hereditary predisposition to mental disease, though the ancestors were given to enthusiasm; and this element was, in a great degree, transmitted to their descendants. In the conversation that ensued immediately prior to the patient's admission there was no exhibition of excitement; and much of the following history of the case, with the incidents attending it, were elicited in a free and unrestricted interview. For many years he had suffered great annoyance from hallucinations of the sense of hearing, which at first were easily controlled, and their absurdity readily perceived. They were such as to excite apprehensions for his personal safety: as, for instance, that voices of persons within his house were heard; that he heard them distinctly concocting plans for his personal injury and disgrace. A man of undoubted courage, he for some time seemed to be aware that these impressions were the result of a mental infirmity; yet, the length of time during which they presented themselves deprived him of the power of controlling the impulses that were thereby excited; so that he armed himself, and frequently went quietly from his bed, and, without the knowledge of his wife, searched the house thoroughly to verify his impressions. The mortification that was always the consequence of these searches caused him carefully to conceal the state of mind that had induced them.

The attack of insanity under which the patient was admitted commenced about three months prior to his being brought to the Asylum. About this time he had occasion to apply himself very actively to his professional duties, in which he became so much engrossed that he lost much sleep, and in consequence became physically prostrated. This led to free indulgence in spirituous liquors to sustain him, as he supposed, to the completion of his labors. With the hope of securing sleep, he had retired at an early hour, and remained in his bed-room till

eleven o'clock, when he hastily came down into the sitting-room, where the family were seated, and declared that persons were entering his bed-room window to arrest him, was much excited in consequence, and declared that possibly, in some unguarded moment, he had offered an insult, or bowed, or smiled to a lady with whom he was unacquainted. Assurances to the contrary had no effect to alter these impressions, and it was only by seclusion in a room remote from the noise of the street that he became calm. During the night, however, he slept none. The next day he was comparatively calm; at one time, however, for a few moments, insisted that he again heard voices of men about to arrest him, and requested a relative to go and examine the records and calendars of the courts to ascertain whether any charge had been preferred against him. Slept none the next day, but was calm and quiet. The following day a creditor, of whom a purchase had been made, sent a bill of it. Apprehensions were at once aroused, which seemed to confirm the suspicions he had previously, that this would be made the basis of the criminal prosecution about to commence against him. From this time all efforts to control him were of no avail.

At midnight he arose and insisted upon seeing a legal friend, and a relative accompanied him. In a private interview he informed his lawyer that a bench warrant had been issued for his arrest, and requested advice as to the course he should pursue. The lawyer, not suspecting his mental state, advised him to leave the State *instante*, if that was the case. On going down stairs, where the relative was waiting, he stated that he had been informed by his lawyer of the warrant that had been issued; and further, that he was charged with criminal intercourse with a mulatto child, and that his enemies, now in possession of this charge, would urge it against him, they having subscribed a large sum of money, to be expended in carrying on the suit. In a state of great alarm they left the house. On the way home the relative accompanying him was further informed that one of the parties in this scheme, a Catholic, and a personal friend of Mr. Campbell Postmaster General, also a Catholic, had declared he would see his body in prison, if it required the requisition of the governors of two states.

He immediately left home, and, by consent of his friends, went to an obscure hotel, in order to be in readiness for a boat that was to leave in the morning for an adjoining state. During the night there was a return of the hallucination of hearing, and, feeling positive that his place of concealment was discovered, he departed about daylight in the

morning, in company with his wife, to an obscure place six miles in the country, where he remained quietly the entire day. At night, unable to endure the suspense longer, he awoke his wife, and, giving her instructions to forward his baggage, from which the name should be carefully erased, left for an adjoining state, stating he intended to pursue his way to Canada and England. They permitted him to go alone, and immediately made arrangements to carry out the directions relative to the baggage.

On the following day a consultation was held among the friends, and the only way in which the patient's strange conduct could be explained was, by presuming his insanity; and with this view a relative was despatched in pursuit. After a long search he found him secreted in an obscure hotel. In a conversation of several hours he successfully removed from the mind of his pursuer the impression that he had been insane, and asserted that, in an unguarded moment, he had committed some indiscretion with a lady, or ladies—he could not say which, but gave two names—one of a respectable married lady, the other a mulatto child. Although it was persisted that these allegations were false, yet the story seemed so well told and well connected that the truth of it was feared. Accordingly, by direction, he returned, authorized to expend one hundred dollars in investigating the charges and searching the records of the court.

Meanwhile, for further security, he insisted upon going to Canada, and reached there about one month prior to his admission to the Asylum, accompanied by a near relative, intending, as soon as the charges or allegations should be established *pro or con*, to place himself under the medical and moral treatment of a lunatic asylum. After remaining in Montreal four days they went to Quebec; and the second day after returned to Montreal, where his companion, finding an imperative call, left him alone, with the understanding that as soon as assurances of safety were forwarded he would return home. Being now left alone, and still believing it unsafe for him to remain long in one place, set out, by steamboat, for Quebec. As the boat approached Quebec, workmen were noticed preparing some frame-work upon the dock, which, together with the crowd awaiting the arrival of the boat, furnished the impression that a mob had collected and were erecting a gallows, intending to execute him under lynch law. With the assistance of the boatmen he was concealed in the boat, and made three trips between Quebec and Montreal. At Montreal, while secluded in

his room in his hotel, he addresses a letter to a friend, in which is evinced a remarkable appreciation of his situation:

"What a sad evening I am passing after your departure! Citizens of the United States are arriving at this and other hotels. How can I return to the land of my nativity? I cannot—I cannot now! Let me dwell—be buried from the past among strangers, in a strange land, for the present. Nothing else, or less than this can, or ever will, settle my mental and physical condition. I know now that I have been suffering from mental derangement. I have never realized it thus distinctly before this last hour's self-communing."

The conclusion of this letter was written five days afterwards, but under, apparently, very different circumstances, during which time, it is supposed, he was carefully concealed:

"I have received all your letters. I desire that funds should be sent me, directed under an assumed name. I go to Quebec—now—*this* day,—and will write you fully from that city. I desire funds to carry me to Europe. Let them be sent me at once. I wish to, and will, leave the country so soon as I get means, or else before the mast."

The apprehensions of arrest were now revived in a more vivid form, and he charged himself with having attempted improper liberties with a servant girl while in the hotel at Quebec. To punish him for this a mob had followed him from Quebec to Montreal, charging him, also, with having threatened to cut her throat if she should disclose his attempts. These delusions were accompanied by others of a similar nature, and were so harassing as to drive away all sleep. Nourishment was taken irregularly, in consequence of the supposed hazard attending exposure in a public part of the hotel. The following letter, written in great haste, illustrating the patient's mental condition at this time, was thrown from the window of the room, in which he was carefully barricaded with the bed and other furniture.

"Why did you not come up last evening and stay with me? O my God, such a night! Armed assassins, with pistols and daggers, constantly tried to dash in upon me during the night, and I standing alone in my shirt, watching every movement, from after dark until after sunrise,—not a wink of sleep, and a mob waiting for me in a side street to cut me to pieces when dropped among them, pitched out from within. No one at the hotel believed in his heart that I would be alive this morning. Recollect, against me alone, I may be shot before night—even before breakfast; but I have all along had no instruments.

no weapons, and you would not, or did not, understand my perils—but enough. Bring your revolvers, loaded and capped, immediately to my rooms! Bring the British Consul with you, for it will require the protection of horse-dragoons to get me away. I may be shot down by a hot-headed Frenchman before ten o'clock, who has interested himself in a false issue here, an infamous perversion and falsehood, as you shall hear. Within a few days, and to influence the Montreal, or rather the Quebec suit, a letter came from a lady relative to an outrage alleged to have been practiced upon her, and attributed to me, but which I solemnly deny. *Bring the revolvers, loaded, surely.*"

Another letter, written later in the same day, and under similar circumstances, discloses still further his condition :

"Hurry down to see me this morning, and, for God's sake, bring the *revolvers, loaded and capped*—all has happened in part which I had commenced writing about this morning. I would not stay here another day—even this day out—or another six hours, for a million. Hasten, then, and see me with the Consul. I must get away from this accursed place, to me, even at the hazard of my life; and here I sit without clothes, and so cold. O my God, what a night it was!"

Later in the day, the following sentence was written on a newspaper margin, and thrown from the window, showing that the delusion concerning the presence of evil-disposed persons awaiting him at the door was still entertained : "I am willing to be in the custody of the law—but not of mob law."

The friends of this gentleman had, meanwhile, been instituting careful inquiry at various hotels, and had no difficulty in recognizing the strange movements, the activity and confusion emanating from the room of this mysterious guest, as belonging to the object of their search. Under the influence of his delusions he had grown to be dangerous to himself, as well as to those about him, and, by medical direction, was placed under proper care and treatment until he could be removed to an asylum for the insane. While in this temporary retreat he labored under great mental excitement and distress. Day and night the constant presence of tormenting hallucinations prevented all rest, and led to delusions connected with the attendants about him, and the food that was presented. The following was hastily written, and thrown from the window to the supposed excited populace beneath it : "I solemnly declare that I did not write a line, and am not the author of those doggerels which, from my bed, I heard sung in the streets last night—said to be mine. I have never seen a line of them."

It seemed now absolutely certain that he was to meet at any moment an infuriated mob, or a summary, though more regular tribunal. The medical officer was interceded with to endeavor to arrange with the officer who was to command the firing party of soldiers, so that a bullet might strike a vital part, and that so the face might be preserved without mutilation. Six days before admission to the asylum, and while still in Montreal, the following copy of a letter was sent to his relatives: "Last evening a letter was received here, where from I know not, but merely a letter setting out that I had outraged, abused, and maltreated a Miss L. Her father and mother reside here. I know not the girl, have never met her, or even seen her. I can not now say what the precise charge is, but I am the accused, and it has been made to eke out the first suit against me here. Citizens of the United States, of a certain caste, have preferred accounts and all manner of charges, and that mulatto case has worked up again, and is held as a rod of terror over me, and which never took place, never, never! so help me our Father above; but, from outside excitement, and preparation to execute me from a temporary gallows in front of this building, it means that this is the end. I know not and fear not, humanly speaking, and I have no means of ascertaining what is to come. I am kept carefully in the dark, and if I close here, it is because my nephew is unfortunately absent. Farewell—perhaps forever. If so, without legal process of any kind."

During the two weeks previous to admission the patient had taken but little rest, and, in consequence, at the time of his departure from Montreal, he was in an exhausted physical state. The medical treatment of the case was confined to the administration of sulphate of morphine and nutritious food. The pulse had not been materially disturbed, and there was no febrile condition of the skin.

As the journey progressed, the collection of persons at the stations called forth constant fears and apprehensions. On one occasion he broke out in loud execrations toward a gentleman of the army present, and called for weapons for immediate defense. The persons, looks, and actions of his fellow-passengers were narrowly scanned. At Albany refreshments were prepared in a private room. While eating, and in enjoyment now, as he supposed, of security, he suddenly heard the voices of men, apparently immediately behind him, one of whom said, "There he is, seize him!" Meanwhile, his friends, who had noticed no alteration in his manner, were alarmed to hear him exclaim, "You may take me dead, but not alive!" and, seizing a knife before him,

"I must to hell a man never crawl I anit ad of bles

plunged it into his neck. Himself alarmed at the sight of blood, declared, "I have done it now. I must surely be crazy to cut my own throat." The hemorrhage was easily allayed, and the wound closed without any unpleasant consequences.

The assurances of personal safety that were offered, and the fact of being in the care and under the protection of persons holding a position by competent authority, did very much to allay all anxiety on this account. The circumstances that have been here detailed were clearly related. There was no impairment of memory; the hallucinations, of which he had been the victim so long, were accurately recalled and related; and in calmer moments he could indicate where his hallucinations and delusions were interwoven with circumstances that actually occurred.

The treatment pursued consisted of rest in bed in a secluded room, under the care of an attendant, specially assigned in his case, and the administration of small quantities of brandy and nutritious food, frequently repeated. Anodynes were in no instance administered. All visits were restricted to the physician and attendant in charge. Under the strict moral treatment enjoined, improvement commenced and gradually continued, so that in four weeks the patient was able to sit up the greater portion of the day.

During this time, however, he was continually harassed by apprehensions of arrest. The newspapers were eagerly perused, to discover if any processes were issuing from the courts relative to him. The evening rounds of the night-attendant were construed to be the entrance of emissaries of mobs who had control of the building at night. With this exception there was no intellectual disturbance. Daily assurances of safety were given; yet, two months after convalescence commenced, he left the institution, for the purpose of exercise, with reluctance, and addressed letters to persons anxious to know if, on his final discharge, he was to leave under arrest. Patient's manner was gentle and courteous at all times. With the return of physical health, the ability to control all disordered impressions increased; and after a prolonged residence and relaxation from literary labor, he left the institution in excellent health, and, as we are happy to learn, continues well.

CASE II.

A gentleman, fifty-eight years of age, of good mental and physical development, a farmer by occupation, active, industrious, and sagacious

in the management of all his interests, of good morals, and a consistent member of the Methodist church, was admitted into the State Lunatic Asylum at Utica, where he came as much at his own request as at the solicitation of friends. There was a strong hereditary, predisposing tendency to insanity in this case. The maternal grandmother, two maternal uncles, one maternal aunt and cousin, and a daughter had all been thus afflicted.

Fifteen years prior to admission, patient received a fall from a horse, the principal force of which was expended upon the spinal column, and which was followed by total paralysis of the lower extremities. He had never fully recovered from this injury, but walked about with the assistance of a cane, and was prevented from taking an active part in the direction of his affairs. Being restricted, necessarily, to the house, he became gloomy, and subject to periods of extreme despondency. At length, these alternated with periods of exhilaration and quiet. With the exception that these returned more frequently, no impairment of the mental faculties, or inability to direct his affairs properly, was perceived till about two years before admission, when he began to feel apprehensive that he should lose his property, and assigned this as the reason of his occasional excessive interest in his affairs. One year afterwards he left home, against the advice of his friends, in pursuit of health, as he alleged, and traveled through Kentucky and Tennessee, allowing weeks to pass without communicating with his friends, eventually arriving at the house of a brother-in-law, in Michigan, in a weak, exhausted state. He appeared much excited and timid, and stated he had been pursued and harassed by noises and voices. As soon as he had recovered sufficient strength to return to his home in New York, he was removed, and continued without much alteration till July, a period of four months, when he had a paroxysm of excitement. These paroxysms returned in August and October. At these times he was restless, suspicious of his friends, heard the approach of persons about the windows, and the voices of men in conspiracy. He frequently stood near his bed-room door, armed, to resist the entrance of persons supposed to be immediately without. In connection with this was the fear that in a paroxysm of excitement he should commit some crime, as he was aware that the ability to resist the homicidal impulse to which he was subject was being gradually impaired. This fear became so great, that a man was employed, for a nominal purpose, about the house, but, in reality, to sleep in an adjoining room for his wife's pro-

tection. This arrangement was consummated without her knowledge. In October, patient employed a boy to convey him a short distance from his home, and when on the way (doubtless without premeditation) ordered him to drive immediately to Canandaigua. On arriving there he took a train, with a ticket, to Rochester; but, shortly after his departure, noticed a gentleman in the same car with himself, with whom he connected the hallucinations of hearing from which he had so long suffered, and finally embodied in him all the evils which seemed so terrible and imminent. At Pittsford the train stopped, and, while the stranger's attention was attracted in a different direction, he secretly slipped from the rear of the car, and ran rapidly across the country till he found himself on the banks of the Genesee River. From this point he went to Warsaw, and from thence to Hornellsville, where he abruptly charged two persons with conspiring together to his detriment. From Hornellsville he went to Dunkirk, and from Dunkirk to Buffalo. While on a steamboat passing from Buffalo to Niagara Falls, two clergymen were observed sitting together in conversation. He seated himself between them and commenced an examination, hoping to discover the nature of the charges against him. These gentlemen, fortunately perceiving his situation, advised him to return home, which he immediately set out to do, and arrived there safely. Three weeks before admission he had made preparations to commit suicide should he be annoyed longer by the voices that had apparently pursued him. A razor and a rope were prepared for this purpose on distinct occasions.

In this state he came to the Asylum. He conversed calmly and clearly of the past history of his case, furnishing the particulars that have been here given. The evidences of his mental infirmity were clearly related, and the assurances that the hallucinations and delusions were but the symptoms of disease were received with heartfelt joy. He was, however, powerless to prevent the misery they induced. During the six months he continued in the Asylum, he was subject to periods of excitement, recurring at intervals of three and four weeks, and lasting from one week to ten days. In these he was not only wholly irresponsible, but dangerous to himself and others. Throughout the intervals he was quiet, and was in complete possession of his intellectual faculties.

The prognosis of this case was unfavorable, and the treatment pursued consisted in fulfilling such indications, accordingly, as presented themselves—for controlling the severity of the paroxysms and arresting

the further progress of the disease. With this view, the tincture of hyoscyamus was administered during the paroxysms, with beneficial results, and classification among convalescing patients. This association proved a powerful means of control, and prevented any explosion of violence, to which he was frequently tempted. Patient was discharged, after six months' residence, in a more comfortable condition than when admitted, though without improvement.

OBSERVATIONS.

In the two cases that are here presented there is noticed the insidious invasion of mental disease, arising, in each case, under different circumstances; the approach to the same psychological state; and the opposite methods of treatment pursued.

The earliest apparent indications of insanity, in the first case, consisted in the patient's secretly leaving the bed to vindicate his disordered senses. In the second case, the patient, unable longer to endure the persecution of voices from an unknown quarter, secretly left his home on an uncertain and indefinite excursion. In both we have observed the characteristic anxiety and restlessness, which led them frequently to change their location, and prevented their remaining in one position more than a few moments, even when in a quiet and secluded room. The writing of incoherent and inconsistent letters, and the conversation, are observed next, in order to furnish evidence of mental disease. In all cases of suspected hallucination, therefore, the movements, writing, and conversation should be attentively observed; for its existence is not incompatible with intellectual vigor, and a great degree of self-control. In accepting the definition of hallucination, as laid down by De Boismont* to be the "perception of the sensible signs of an idea," and of illusion of the senses to be the "false appreciation of real sensations," much assistance is rendered in arriving at an intelligent opinion of a case in question. We are to understand by the former simply those impressions, the result of disease, which the several senses may convey to the brain. So long as these sensorial impressions are "corrected by the understanding," no apprehensions are to be felt in the case. When, however, these impair the strength and discrimination of the perceptive faculties, or the "false

* *Hallucinations; or, the Rational History of Apparitions, Visions, Dreams, Ecstasy, Magnetism, and Somnambulism.* By A. Briere De Boismont. Philadelphia: Lindsay and Blakiston.

appreciation of real sensations" begins, the medico-legal investigation into the responsibility attaching to hallucination commences.

In the acceptation and application of these general principles we have a ready explanation for the phenomena these cases present: we discover the early existence of hallucinations; their general progress and strength, overcoming all efforts for their control; and, finally, reaching a point, at which the strongest distinction, and sense of right from wrong, was in danger of being overcome, at any moment, by the violence of disease.

ON FORCED ALIMENTATION. By WILLIAM HAMILTON, M. D.,
ASSISTANT PHYSICIAN TO WESTERN LUNATIC ASYLUM, VIRGINIA.

IT will not be questioned that cases from time to time occur among the insane, in which professional duty and humanity alike require the forcible administration of nourishment and medicine. In such instances it has been the usual custom to resort to the introduction of the stomach-tube and the use of the pump—an operation which, besides being exceedingly disagreeable, and not altogether free from danger, occasionally proves ineffectual to save life. Such has been the aversion of medical men to it, that a less objectionable method has been anxiously sought, and many suggestions to overcome the difficulties that are urged in its use, have been recommended.

Acting upon a method advised, in cases of trismus, of introducing into the nostrils a tube to the posterior fauces, through which nourishment may be passed to a point beyond voluntary muscular control, an instrument was constructed, which was efficaciously employed on the 24th of June last. This has been exclusively used for this purpose since that time, and meets the approval of Doctor Stribling, the superintendent. It consists of an elastic tube, twenty-four inches long, the size of a catheter, at the open end of which a funnel is attached, and can be readily constructed by attaching together two catheters, if necessary. Near its end the tube is slightly curved. The curve is maintained by the introduction of a silver wire, two inches in length, one end being bent upon itself to preserve it in position, to prevent its impinging, at right angles, upon the posterior wall of the pharynx during the first stage of the process, and during the second, keeps the

tube from interference with the glottis. The tube being adjusted, the operator pours through it nutritious or medicated liquids, which are immediately, by automatic action, conveyed into the stomach. This operation is not disturbed, owing to the length and flexibility of the tube, by any considerable motion of the patient's head.

The nourishment usually administered is prepared by mingling two or three eggs, half an ounce of sugar, and the same quantity of oil of olives, with one pint of milk, or beef tea, and straining the mixture through a piece of coarse linen cloth. If a laxative effect is desired, molasses may be substituted for the sugar, or castor oil for the oil of olives: cod-liver oil, and various other medicinal substances, may be added as they are indicated. This preparation flows so readily through a small tube that, the whole may be administered in the space of a few minutes. This was administered three times a day, but always after placing an ordinary meal before the patient, and inviting him to partake of it. Of the cases in which it has been thought proper to resort to the method here described, those may be briefly noticed which more particularly illustrate its merits.

CASE I.—A single man, of middle age, was admitted to the Western Lunatic Asylum, June 6th, much exhausted, and survived but five weeks. During the last twenty days of his life he alleged that he was already a corpse, and, consequently, needing no food, he would take none. Both food and medicines were administered without inconvenience, as often as was deemed necessary, notwithstanding his extreme debility.

CASE II.—A young man, holding the delusion that all the food and drinks offered to him contained poison, was admitted in March last. During the two succeeding months he became so reduced by frequent fasts that, though the usual means were employed, it was thought proper to inform his friends that his life was in jeopardy. However, he had recovered a considerable degree of strength by eating more regularly, when, on the 21st of June, he announced that he would eat no more. He adhered so well to his resolution, that, between that day and the 6th of November, he voluntarily took food but twice. During this period nourishment and tonic medicines were administered by the new process, and not only was he sustained by it, but he increased in weight. Being a physician, he took considerable interest in the instrument, examining it minutely, and asking many questions about it. He willingly submitted to its use, and when he was reminded that he

could be more conveniently poisoned in this way than by drugging the dishes, he replied that, if he died by poison, the responsibility must rest upon those who forced it upon him; whereas, if he swallowed it voluntarily, he would regard himself as guilty of suicide. Since the 6th of November he has taken food more frequently, but he still depends partly upon the tube for his sustenance.

CASE III.—A married man, aged forty-eight, was admitted May 31st. He had been insane eighteen months, the cerebral disease having advanced, gradually, as the symptoms of pulmonary disease under which he labored disappeared. He now exhibited almost constant agitation and alarm, exclaiming that he was a ruined man, that his wife and children were starving, and that he was pursued by enemies. For weeks he had scarcely taken food oftener than once in forty-eight hours. From the fourth day after his admission he obstinately refused both food and water, and, notwithstanding the use of the stomach-tube, with the pump, he became, in a short time, so exhausted that upon his making a promise to eat at home, his removal was advised. He was re-admitted, with strength somewhat increased, on the 24th of July. From that day to the 11th of November, he swallowed nothing, voluntarily, being altogether sustained by the artificial means. At the end of this period, having gained strength and weight, and his mind having become more composed, he began to take his meals regularly.

CASE IV.—A male patient, long resident in the Asylum, of dangerous propensities and great obstinacy, having been removed, for good reasons, from one ward to another, resolved to enforce his restoration by threatening to starve himself. This manœuvre he had once before practiced with success; but now, finding that he received food thrice daily, whether he would or not, he yielded on the fourth day.

The experience which has thus been partly detailed has convinced us that this method possesses many advantages over any other, in several respects. Resistance being impossible, exhaustion from violent struggling is avoided. There is no danger of breaking the teeth, bruising the lips and tongue, tearing the mucous membrane, or injecting liquids into the larynx—all of which are either the usual or the possible results of the employment of other instruments. The introduction of the tube gives no pain, and its frequent repetition produces no noticeable irritation; some slight, uncomfortable sensations only are experienced at the first and second trials. We are convinced the operation is quite practicable in any condition of body or of mind, and as often as may be desirable.

BIBLIOGRAPHICAL.

MECHANICAL RESTRAINT IN THE TREATMENT OF THE INSANE.*

For the past twenty years of the history of mental medicine and provision for the insane in Great Britain, among the most prominent topics in the general discussion of the subject has been the Non-restraint system. Its claims have been urged and its merits debated before courts, commissions, and the public, in the forms of legal evidence, reports of asylums, essays in medical journals, and advertisements through the press.

Among the many eminent men who have taken part in this discussion, there are none who hold a higher place, or whose opinions have exerted a wider influence, than Dr. Conolly. His undisputed talents, and high personal and professional character, with his early and consistent advocacy of the system, have continued him, throughout its entire history, its leading advocate and admitted exponent.

The book before us is published at a time when, after seventeen years of arduous and unintermitting labor as physician to one of the largest English county asylums, its author has just retired from the active duties of his profession. Thus the circumstances of its publication, as well as the name of its author, its comprehensive title and sufficient size, warrant us in approaching the volume with peculiar interest.

Thirty-four pages, forming the first chapter, are given to a notice of the treatment of the insane previous to the age of Pinel, and of the abuses which have been brought to light, and the mistaken plans of treatment advanced, since that period. This chapter is entitled, "The Last Days of the Old Method of Treatment," in contradistinction, of course, to the "new or non-restraint method," and we are given distinctly to understand that all that is opposed to science and repulsive to humanity in these oft-told horrors, attaches to the position of those

* The Treatment of the Insane without Mechanical Restraints. By John Conolly, M. D., Edin. London: Smith, Elder & Co., 65 Cornhill. 1856.

who admit the use of mechanical restraints in the treatment of the insane. This unfair imputation, this palpable begging of the question, used in past years of the controversy, particularly in its extra-professional direction, is the central idea of the chapter and the volume.

If, then, we had expected that, in retiring from a contest in which it is claimed that victory has, beyond a chance of reverse, declared for the party of Non-restraint, the weapons and strategies of a doubtful conflict would be laid aside and the spirit of the historian assumed, it remains to express our disappointment, and, with all deference to the author, to take a brief view of the subject in the sober light which distance from the field of discussion, and a non-partisan interest may afford.

The results of the critical experiment of Pinel upon the lunatics of the Bicêtre, in 1792, by proving the possibility of substituting, in their care, all the agents which an enlightened kindness and Christian sympathy might suggest, for those of an ignorant distrust and cruel superstition, inaugurated an era in the treatment of the insane. Pinel did more than this; he connected, almost from its origin, with the movement to ameliorate the condition of the insane, the idea of the curative treatment of insanity, and with his pupil, Esquirol, added to the philanthropic character of the reform arguments which commanded the attention of the political economist and legislator. The removal of all the miseries and horrors which ages of ignorance and superstition had accumulated about the insane did not immediately take place. Twenty years after the commencement of reform, it had not penetrated to several asylums of the remoter departments of France. The more flagrant abuses were, however, early discontinued, and reform, though slow, was gradual, and from a correct idea of the objects to be attained.

It was not until 1813 that Tuke, in England, through the publication of the results of his labors in his "Description of the Retreat," at York, excited general attention to the condition of the insane. Tuke was not a medical man, and through the direction of his efforts solely to the economic and ameliorative details of his institution, he gave the movement in England a direction which it has since retained. In alluding to this fact we say nothing of the scientific labors of British psychologists. But, while England stands high among nations in the extent and character of her provision for the care of the insane, the curative treatment of insanity has not been practically undertaken by the government. Nor, indeed, has too much honor been awarded to

Tuke. In his account of the York Retreat, above referred to, he indicates, as fully and clearly as can be found in any modern report, the proper economic and moral administration of an institution for the insane.

The movement in England not only retained for a considerable time the purely humanitarian character which it had at first, but its progress was slow and circumscribed. During the fifteen years next following its commencement we find voluminous reports of committees on mad-houses, legal records, and parliamentary documents, filled with repulsive particulars of flagrant personal abuse, and the wretched general condition of the insane. It is not our purpose to inquire into the causes of this delay in reform, and, with our present appreciation of the claims of this class, such an inquiry could not lessen our wonder at the fact. Little had been done, however, to remove the popular notion that whips and chains were the proper curative agents in insanity. Through the complicated provision of licensed houses, county asylums, work-houses, and private keepers, the number peculiarly interested in the delay of reform was large; and, among the less intelligent, superstition still lingered to give a repulsiveness to the general subject.

The extended and repeated legislative inquiries into the condition of asylums, made between the years 1815 and 1827, had, in 1830, effected great changes in their administration, and several new and superior institutions had been erected. But, though the moral and sanitary features of asylums had been in many instances reformed, and rapid progress in this direction had commenced, numerous and repulsive contrivances for restraint were freely used. About this time, Dr. Charlesworth, physician to the Lincoln Asylum, turned his attention especially to lessening the use of restraints in the care of his patients. Without purposing a system of treatment, he was able, in an institution containing one hundred insane, mostly of chronic class, gradually almost to dispense with them. Meanwhile his example, and the general progress of reform for nearly ten years, had banished many of the more repulsive varieties, and in several of the modern institutions a minimum use of restraints had been reached. In 1837, Mr. Gardiner Hill, then entered upon the third year of his duties as house surgeon to the same institution, effected their entire abolition, and announced the Non-restraint system. He was followed, in 1839, by Dr. Conolly, who, by showing the possibility of extending the system to institutions

of a large capacity, and by his talents and opportunities, took the leading position in its advocacy. The system was opposed, and its general adoption in England delayed, by the psychologists of France and Germany; but the popular mind, now thoroughly aroused to the abuses of a past age, was in its favor, and this influence, through the peculiar administration of British asylums, could not but be effective.

When, in addition to the above sketch of the reform, its correct theory, and considerable progress in England previous to the Non-restraint movement, we consider that, on the Continent, to which that movement has hardly extended, long previous to 1837, Pinel had published his *Traité Médico-Psychologique*, and Esquirol his celebrated work, *Des Maladies Mentales*,—that Riedel, Julius, and Jacobi had commenced their labors, and that asylums, still considered models of administration, existed,—our views of its necessity and importance must differ from those of Dr. Conolly. As upon these assumptions of history his entire argument is based, and as, indeed, the book is mainly devoted to portraying that system which includes the medical use of restraint with all the oft-told abuses of half a century ago, we have noticed them somewhat at length.

Part II is entitled, "The First Days of the New or Non-restraint System," and, by elaborating the propositions of the first chapter, the author seeks to define and illustrate the system. There is in this much that is valuable as the result of a long and rich experience in the care of the insane, and that is creditable to the head and heart of the writer. Did our space allow, we should like to lay before our readers extracts of this kind; but the purpose of the chapter, and the correctness of our statements as to the contents of the preceding pages, will be best understood from its first paragraph.

"As the restraint system comprehended every possible evil of bad treatment, every fault of commission and omission, so the watchful, preventive, almost parental superintendence included in the term non-restraint, creates guards against them all; for such is its real character, if properly understood and practiced. It is, indeed, above all, important to remember, and it is the principal object of this work to explain, that the mere abolition of fetters and restraints constitutes only a part of what is properly called the non-restraint system. Accepted in its full and true sense, it is a complete system of management of insane patients, of which the operation begins the moment a patient is admitted over the threshold of an asylum. To describe the whole system successfully, we must imagine the case of a maniacal patient just brought to the reception-room. We must suppose this to be in an asylum

wherein a good system has already been established, and that the attendants are efficient and respectable, and the whole establishment is well arranged; that the diet is liberal, the clothing is clean, and the general aspect of the place cheerful. These are conditions seldom or never found in asylums where mechanical restraints are retained. The attendants in such places have a peculiar character: the female attendants are generally morose in aspect, and slatterns; and the male attendants, ill-dressed and ill-mannered, have the appearance of ruffians. The clothing of the patients is scanty and ragged; the food is ill prepared and coarse; the rooms are often offensive to sight and smell, and discomfort and gloom prevail everywhere."

Our readers have seen how unwarranted by history are the assumptions of the above extract, and to most of them, we hope, the assertions which naturally and logically follow, as to the present character of asylums where restraints are not abolished, will be further proof of their fallacy. And now, having noticed how entirely unfounded are the claims of the system to all that had been done for the insane previous to its birth, we will briefly refer to subsequent attainments in reform, which cannot possibly be connected with the Non-restraint movement. In so doing we would make no invidious comparison of British and American institutions. When the different conditions of their operations are considered, both do honor to a common race. But, as Dr. Conolly does in effect what less cautious advocates of Non-restraint have done in words, stigmatizing as barbarous and inhumane all who do not subscribe to their favorite dogma, we must venture a few remarks in this direction.

When, at the close of her political revolution, a few years of rapid and vigorous growth had raised this country to a place among states of the first rank, and had formed her without those effete physical and psychical elements which mark a more gradually acquired civilization, the principles of the reformed treatment of the insane had been fully established. The American public acted, almost from the first, with reference to the principles and practice of Pinel and Esquirol, Tuke and Charlesworth. With no burden of incurables, and no rapidly accumulating insane population, as in England, to paralyze the arm of charity,—with only the echo of those superstitions of the insane, and traditions of "mad-houses," which have there so fatally delayed the treatment of recent cases,—it viewed insanity, first, as a disease curable by a medico-moral plan of treatment, then as a misfortune calling for and responding to the best efforts toward its alleviation. After a brief trial of the old English plan, of provision in connection with general

hospitals, the French system of construction and administration was adopted. Thus the treatment of the insane became a recognized specialty of medical science, and has ever claimed the best professional skill. Under these circumstances, a crusade for the rejection of any agent more or less valuable in treatment must, as in the general profession, attach a suspicion of charlatany to its apostles which no explanation could allay, and no reputation could survive. Such a movement has never been commenced in this country. The sentiments of American psychologists, at the present day, may be found in the report of the tenth annual meeting of Medical Superintendents of American Institutions for the Insane, published in this Journal for July, 1855. In a discussion following the reading of a paper upon "The Non-restraint System," the conclusions of the writer unfavorable to the abolition of restraints were concurred in by all the members present.

We now propose to give extracts, bearing upon the subject of restraint, from the reports, for the year 1844, of four of the most experienced and widely-known superintendents of American asylums. With these proofs of the early and unchanged theory of the treatment of the insane in this country, and an incidental notice of the character and extent of provision for this class in England and the United States, at the birth of the Non-restraint system, leaving our readers to make similar comparisons for the present time, we hope to show how possibly untrue it may be that "a good system, with efficient and respectable attendants, liberal diet, clean clothing, and cheerful aspect, are seldom or never found in asylums where mechanical restraints are retained."

"We have, as intimated in former reports, no ultra or exclusive views as to the entire disuse of apparatus to abridge the muscular movements of the highly excited. During the last three quarters of the year (a memorandum having been kept enables me to state the fact) it has been judged proper to use, on the male side of the house, a single restraining measure—that of the muff to the hands of a patient disposed to destroy his eyes; and some form of restraint, in a few instances, on the other side of the house, for reasons deemed imperative. That 'restraints,' in these few cases, might have been avoided by the substitution of hands, is probable; but it is difficult to appreciate the advantage of such painful, irritating, and less secure substitutes, as an universal rule. No reason is yet seen for cutting an institution off from the proper employment of measures occasionally valuable, by a dogmatic adherence to any ultra or exclusive rules, such as may, in other countries, have become popular, if not expedient, in consequence of an honestly

generated popular prejudice against 'restraints.'"—*From Dr. Bell's Eighth Report to Trustees of McLean (Mass.) Asylum.*

"In this institution—and I presume it is so in all others in this country—no restraint can be applied except by order of an officer. It is our rule to use no more, and continue it no longer, than is necessary to effect the object in view: in all cases, it is the comfort of the patient, not the attendant, which is consulted. In well-regulated establishments the number under restraint is always very small. While writing this there is not a single patient in this institution with any kind of restraint upon the person; and this is often the case for many days together."—*From Dr. Ray's Fourth Report to Trustees of Maine Insane Hospital.*

"In this country, cruelty, immoderate restraint, and ingenious but barbarous contrivances to control the insane are rarely, if ever, found in properly organized hospitals.

"Few intelligent men, familiar with insanity, could now be found to assert that restraining apparatus was frequently required, or that many patients could be benefited by its use. The question in controversy appears to be, whether its use is ever justifiable under any circumstances, or whether it can ever be employed without injury to the patient.

"Believing firmly that the improper use of restraining apparatus, combined with long-continued seclusion, has been and ever will be productive of the worst effects, and go far to render intractable curable cases of disease, I am still of opinion, that a few of the simpler forms of mechanical means may occasionally be employed with advantage to a patient. Judging from my own experience, the per-centge in any hospital for whom these means are indicated is exceedingly small, and for considerable intervals none will be required. The rule should be that no apparatus was in use,—its employment should be the exception,—while at the same time it should be understood, that long periods of seclusion were not to take its place, as the effects of the latter might be still more injurious."—*From Dr. Kirkbride's Fourth Report to Managers of Penn. Insane Hospital.*

"To no one object are our efforts more constantly directed than to diminish the number of this class, and to dispense with all kinds of restraining apparatus, although we most firmly believe, after much reflection and inquiry, and repeated attempts to entirely dispense with it, that some restraining apparatus, such as we have mentioned, is not only essential for the comfort of patients, but in some instances preserves their lives."—*From Dr. Brigham's Second Report to Managers of New York State Asylum.*

In 1844 there existed twenty public asylums in the United States, into which, during the year, were admitted upwards of two thousand patients. The ratio of recoveries upon these for the same time was thirty-one per cent., and the policy of curative treatment and asylum provision for both the chronic and recent insane was being recognized in the erection of model institutions in several States.

At the same time we find in the Hanwell Asylum nine hundred and eighty-four patients. Most of these had been received from their homes, or the work-houses, in an advanced stage of mental disease, and three per cent. only were considered curable. The ratio of recoveries upon admissions for the year 1844 was six per cent., and this was the average ratio for the institutions of the United Kingdom. But seventeen public asylums existed in England and Wales, and five thousand seven hundred insane were without proper care and treatment. There was no correct popular or governmental recognition of insanity as a disease amenable to treatment, or of the economical policy of sufficient and special provision. To this period, and under these conditions, Dr. Conolly had given his special attention to the subject of restraints. With an experience of five years in the care of patients of such a class, in an institution comprising hardly one of those essentials to the advantageous disuse of restraints which he so ably urges, Dr. Conolly is prepared to offer to the world a comprehensive and dogmatic system of treatment. The large section of his report for the year 1844, devoted to the system, concludes with the following paragraph:

"But, after five years' experience, I have no hesitation in recording my opinion, that, with a well-constituted governing body, animated by philanthropy, directed by intelligence, and acting by means of proper officers, entrusted with a due degree of authority over attendants, properly selected and capable of exercising an efficient superintendence over the patients, there is no asylum in the world in which all mechanical restraints may not be abolished, not only with perfect safety, but with incalculable advantage."

One hundred and forty pages, in which the paragraph quoted from the second chapter of the book is rather repeated than elaborated, extend to Part IV, on "The Abolition of Mechanical Restraints at Hanwell." This is mostly made up of extracts from the Hanwell reports, and contains little to interest our readers. The fifth chapter treats of the gradual abolition of restraints in English asylums subsequent to 1839. As a history of a gradual extension and improvement of both public and private provision for the insane, it may excite a just pride in all who have been connected with so great and so noble a work. As an account of the gradual acceptance of a theory of curative treatment, and its results, it is vitiated by the same palpable fault already noticed—of fixing upon the "old methods" all instances of abuse, and depicting the "new system" with every feature of progress and humanity.

The sixth part, on "The Progress of the New System on the Continent," is rather a confession that "the treatment of the insane without mechanical restraints has found little favor there," than an attempt at an explanation of the fact. Eight propositions are here stated, as comprising the objections of the Continental physicians to the system. The first two of these are to the effect that coercion must in some instances be resorted to. This has not been denied, we believe, by the advocates of Non-restraint. The third, fourth, sixth, and eighth appeal to the experience of those having charge of the insane as to the general effects of a qualified use of restraints. Why not allow the experience of each to shape his answer? We are not aware of any analogy from the usages of other professions, requiring members of our own to defer to a dictum or dogma in such a matter. The fifth and seventh propositions refer to the substitution of restraints for proper provision and care. The answers of Dr. Conolly to these are pertinent and conclusive. No objection to the system should have any force, if founded upon a supposed deficiency of this kind. We can hardly conceive, indeed, that these should be urged by Continental authorities.

What, then, is the Non-restraint system? The paragraph quoted from the thirty-fifth page comes nearest to a concise and complete definition that the book affords; but this has been sufficiently considered. It does not provide for the advantageous disuse of restraints in the treatment of every possible case of mental disease. This has been admitted by Dr. Conolly. That the moral effect of the use of restraints is not inconsistent with the most successful curative treatment, has been shown, and further statistics might readily be brought to confirm this fact. We have left to our readers the argument from the necessary connection of the abuse of restraints with their medical use, when predicated of institutions administered with the wise liberality of those with which they are acquainted. If in England it should have the weight that, from the prominence which is given it by Dr. Conolly, might be inferred, the true direction of reform is obviously toward the administration of asylums. The system is not Non-coercive, and the name has been abandoned. It is, of course, only technically Non-restraint; and the restraint of a bolted door is quite as much "mechanical" as that of a continued sleeve. As a theory of medical treatment, we conclude, then, it is not only a prohibitory dogma, and thus unscientific and unprofessional, but without basis in any

acknowledged indication for the cure of mental disease. As a movement to ameliorate the condition of the insane, it seems not to have been radical in its direction, and to have been urged without due regard for other points of reform, which were required to render its success permanent and complete.

L. A. T.

THE PHYSICIAN'S PRESCRIPTION BOOK: containing a list of terms, phrases, contractions and abbreviations used in prescriptions, with explanatory notes, etc., etc., to which is added a key containing the prescriptions in an unabbreviated form, with a literal translation, intended for the use of medical and pharmaceutical students. By Jonathan Pereira, M. D., F. R. S. Second American, from the twelfth London edition. Philadelphia: Lindsay & Blakiston. 1857.

S U M M A R Y.

NEW INSTITUTIONS FOR THE INSANE.—We have received a copy of addresses, delivered on the occasion of laying the corner-stone of two new institutions for the insane. One of these is located at Northampton, Mass., and the other upon the grounds of the Pennsylvania Hospital for the Insane, intended for the exclusive accommodation of one sex. It is understood that the plans for these establishments will be prepared with a great deal of care, and we shall hope to present an extended notice of them, hereafter, when they are fully matured. The capacity of these institutions will permit accommodations for 250 patients, and will meet not only the urgent wants of an increasing class of sufferers, but the intelligent requirements of community in this respect. The former is being created under state patronage; the latter is the result, solely, of contributions from the benevolent citizens of Philadelphia, and vicinity.

BRIGHAM HALL.—This institution, under the medical supervision of Dr. Cook, and located at Canandaigua, has received patients during the past year to the limit of its capacity. An additional wing has been erected, capable of accommodating forty patients.

IOWA STATISTICS.—The Governor, in his annual message to the Legislature, reports the number of insane to be 120; idiots, 257; blind, 102; deaf and dumb, 371. During the last year, \$8000 was expended toward the erection of an asylum for the insane.

BOOKS, &c., RECEIVED.

Since our last issue the following Books, Pamphlets, and Journals have been received in exchange or otherwise :

The Treatment of the Insane without Mechanical Restraints. By John Conolly, M. D., Edin. London : Smith, Elder and Co., 65 Cornhill. 1856.

Elements of Psychological Medicine : Being an Introduction to the Practical Study of Insanity. By Daniel Noble, M. D. Second Edition. London : John Churchill. 1855.

Du Suicide Statistique, Médecine, Histoire et Législation. Par E. Lisle. Paris : J. B. Baillière. New York : H. Baillière.

Pereira's Physician's Prescription Book. Philadelphia : By Lindsay and Blakiston.

Report of the Regents of the Lunatic Asylum to the Legislature of South Carolina : November, 1856.

Address of George B. Wood, M. D., on the occasion of the Laying the Corner Stone of the New Pennsylvania Hospital for the Insane.

Address delivered at the Laying of the Corner Stone of the Insane Hospital at Northampton, Mass., by Edward Jarvis, M. D.

The Therapeutical Powers and Properties of Veratrum Viride : By Wesley C. Norwood, M. D., of Cokesbury, S. C.

The Transactions of the New Hampshire Medical Society, (Sixty-Sixth Anniversary) held at Concord, June 3rd and 4th, 1856.

Report on the Use and Effects of Nitrate of Silver to the Throat, either in Local or General Disease. By Horace Green, M. D., LL. D., New York.

FOREIGN EXCHANGES.

Annales Médico-Psychologiques. Par MM. Les Docteurs Baillarger, Cerise, et Moreau. Oct., 1856.

Bulletin de L'Académie Impériale de Médecine. Paris. Tome XXI, Nos. 20, 21, 22, 23, 24.

Gazette Médicale de Paris. Paris. Tome XI, 1856. Nos. 34 and 39.

Journal de Médecine et de Chirurgie. Paris, 1856. March, Sept., Oct.

Revue de Thérapeutique Médico-Chirurgicale. Paris, 1856. Nos. 16 and 21 inclusive.

The Journal of Psychological Medicine. Edited by Forbes Winslow, M. D. London. (Oct. not received.)

The Asylum Journal of Mental Science. Published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by John Charles Bucknill, M. D. London. Quarterly. Oct. 1856. (July not received.)

British and Foreign Medico-Chirurgical Review. Republished by S. & W. Wood, New York. Quarterly. Oct., 1856.

The London Lancet. Edited by Thomas Wakely, Surgeon. J. H. Bennett, M. D., and T. R. Wakely, Jr., M. R. C. S. E., Sub-Editors. Republished in New York by Stringer and Townsend. Monthly. Oct., Nov., 1856.

Oesterreichische Zeitschrift Zür Praktische Heilkunde. Wein. Edited by Doctors Joseph Johann Knolz, and Georg Preyss. Nos. 1 and 13 inclusive.

The Dublin Quarterly Journal of Medical Science. Dublin. Quarterly. July and October not received. 1856.

The Dublin Medical Press, Dublin. Weekly. 1856. Nos. 926, 929, received. (Nos. 902, 904, 906, 907, 909, 914, 915, 916 not received.)

Revue Etrangère Medico-Chirurgicale. Paris. 1856. No. 2.

AMERICAN EXCHANGES.

New York Journal of Medicine. Edited by Samuel S. Purple, M. D., Stephen Smith, M. D., and H. D. Bulkley, M. D. New York, Bi-monthly. Nov., 1856.

The American Medical Monthly. Edited by Edward H. Parker, M. D., A. M. New York. Sept., Oct., Nov., Dec. 1856.

The Scalpel; an entirely original Expositor of the laws of Health, and Abuses of Medicine and Domestic life. Edited by Edward H. Dixon, M. D. New York. Nov., Dec., 1856.

Buffalo Medical Journal, and Monthly Review of Medical and Surgical Science. Sanford B. Hunt, M. D., Editor. Buffalo, N. Y. Monthly. Oct., Nov., Dec., 1856.

Boston Medical and Surgical Journal. Edited by Wm. W. Morland, M. D., and Francis Minot, M. D. Boston. Weekly. Vol. LV, Nos. 3, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20. (No. 15 not received.)

The New Jersey Medical and Surgical Reporter. Edited by S. W. Butler, M. D. Burlington, N. J. Oct., Nov., Dec., 1856.

The American Journal of the Medical Sciences. Edited by Isaac Hays, M. D. Quarterly. Philadelphia. Oct., 1856.

The Medical Examiner, a Monthly Record of Medical Science. Edited by Samuel Holingsworth, M. D. Philadelphia. Monthly. October, November, December, 1856.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.

Medical News and Library. Published by Blanchard and Lea. Philadelphia. Monthly. Oct., Dec., 1856. (Nov. not received.)

The American Journal of Dental Science. Edited by Chapin A. Harris, M. D., D. D. S., and A. Snowdon Piggot, M. D. Philadelphia. Quarterly. Oct., 1856.

The Pennsylvania Journal of Prison Discipline and Philanthropy. Published quarterly, under the direction of the "Philadelphia Society for Alleviating the Miseries of Public Prisons;" instituted 1787. Philadelphia. Oct., 1856.

Journal of the Franklin Institute, of the State of Pennsylvania, for the Promotion of the Mechanic Arts. Edited by John F. Frazer, assisted by the Committee on Publication of the Franklin Institute. Philadelphia. Monthly. Oct., Nov., 1856. (Dec. not received.)

The Dental News Letter. Edited by J. D. White, D. D. S., M. D., and J. R. McCurdy, D. D. S. Philadelphia. Quarterly. Oct., 1856.

American Journal of Pharmacy; published by authority of the Philadelphia College of Pharmacy. Edited by William Proctor, Jr., Philadelphia. Bi-monthly. November, 1856.

New Hampshire Journal of Medicine, Edited by Geo. H. Hubbard, M. D., and N. E. Gage, M. D. Manchester. Monthly. October, November, December, 1856.

The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by W. Wright, M. D., and D. C. MacCallum, M. D. Monthly. October, December, 1856. (Nov. not received.)

Virginia Medical Journal. Editors, James B. McCaw, M. D., and G. A. Otis, M. D. Richmond. Monthly. October, November, December. 1856.

Charleston Medical Journal and Review. Edited and published by C. Happoldt, M. D. Charleston. Bi-monthly. November, 1856.

Southern Medical and Surgical Journal. Edited by L. A. Dugas, M. D., and Henry Rossignol, M. D. Augusta, Ga. Monthly. October, November, December, 1856.

Atlanta Medical and Surgical Journal. Edited by Joseph P. Logan, M. D., and W. F. Westmoreland, M. D. Atlanta, Ga. Monthly. October, November, December, 1856.

New Orleans Medical and Surgical Journal. Edited by B. Dowler, M. D. New Orleans. Bi-monthly. November, 1856.

Nashville Journal of Medicine and Surgery. Edited by W. K. Bowling, M. D., assisted by Paul F. Eve, M. D. Nashville, Tenn. Monthly. October, November, December, 1856.

Memphis Medical Recorder. Published Bi-monthly by the Memphis Medical College. Edited by A. P. Merrill, M. D. Memphis. Sept. November, 1856.

St. Louis Medical and Surgical Journal. Edited by M. L. Linton, M. D., and W. M. McPheeters, M. D. Bi-monthly. November, 1856.

Memphis Journal of Medicine. Edited by R. H. Harrison, M. D., and Jerome Cochran, Associate Editor. Monthly. October, 1856. (November and December not received.)

The Peninsular Journal of Medicine and the Collateral Sciences. Edited by Drs. Pitcher, Palmer, Brodie, and Christian. Detroit. Monthly. October, November, December, 1856.

The North-Western Medical and Surgical Journal. Edited by N. S. Davis, M. D., and H. A. Johnson, A. M., M. D. Chicago. Monthly. October, November, December, 1856.

Western Lancet; a Monthly Journal of Practical Medicine and Surgery. T. Wood, M. D., and George C. Blackman, M. D., Editors. Cincinnati. Monthly. October, December, 1856. (September and November not received.)

Iowa Medical Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. Bi-monthly. July, September, 1856.

The Cincinnati Medical Observer. Edited by George Mendenhall, M. D., John A. Murphy, M. D., and E. B. Stevens, M. D. Cincinnati. Monthly. October, November, December, 1856. (August not received.)

The Medical Independent and Monthly Review of Medicine and Surgery. Edited by Henry Goadby, M. D., Edward Kane, M. D., and L. G. Robinson, M. D. Monthly. Detroit. August, October, November, December, 1856.

The Louisville Review, a Bi-monthly Journal of Practical Medicine and Surgery. Edited by S. D. Gross, M. D., and T. G. Richardson, M. D. Bi-monthly. Louisville, Ky. November, 1856.

The California State Medical Journal. Editor and Proprietor, John F. Morse, M. D. Sacramento, California. Vol. I. 1856. (October not received.)

The College Journal of Medical Science. Edited by Drs. J. R. Buchanan, John King, John W. Hoyt, W. Sherwood, C. H. Cleveland, and I. G. Jones. Cincinnati. October, November, 1856. (December not received.)

The Medical World. Edited by J. V. C. Smith, M. D., assisted by E. S. Smith, M. D. Boston. Vol. 1., Nos. 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 1856. (7 not received.)

The Southern Journal of Medical and Physical Sciences. Edited by R. O. Curry, M. D., in connection with W. P. Jones, M. D.; T. A. Atchison, M. D., J. W. King, M. D., and F. A. Ramsay, M. D. Knoxville, Tenn. Monthly. June, 1856.

Barnard's American Journal of Education. Edited by Henry Barnard. L. L. D. Hartford, Conn. December, 1856.

The American Journal of Education and College Review. Monthly. New York.

The North-American Review. Boston. October, 1856.

